



**University of New Mexico**

## **The Southwest Telehealth Access Grid**

An Integrated Interstate Network of Networks Model for Telehealth

**Quarterly Data Report for  
July 1, 2008 – September 30, 2008**

**October 30, 2008**



**Southwest Telehealth Access Grid**  
**RHCPP Quarterly Data Report for Fiscal Year 2008/Q1**  
**July 1, 2008 – September 30, 2008**

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## **Southwest Telehealth Access Grid RHCPP Quarterly Data Report for Fiscal Year 2008/Q1 July 1, 2008 – September 30, 2008**

(APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198)

### **1. Project Contact and Coordination Information**

#### **a. Identify the project leader(s) and respective business affiliations.**

- Project Coordinator and Co-Principal Investigator:  
Name: Dale C. Alverson, MD  
Affiliation: University of New Mexico Center for Telehealth and Cybermedicine Research
- Co-Principal Investigator:  
Name: Gilbert R. Gonzales, PhD  
Affiliation: University of New Mexico Office of the CIO
- Associate Project Coordinator:  
Name: Elizabeth (Liz) A. Jenkins, MPA  
Affiliation: University of New Mexico Center for Telehealth and Cybermedicine Research
- Other Participants and Designated Contacts:
  - Albuquerque Area Indian Health Service: Leonard Thomas, MD (Chief Medical Officer) and Joseph F. Lucero (Director of Information Management Service)
  - Arizona Telemedicine Program: Ronald Weinstein, MD (Director)
  - Holy Cross Hospital: Ed Flores (Information Technology Director) and Kelley Shull Tredwin (Development Officer)
  - Lovelace Clinic Foundation: Margaret Gunter, PhD (President and Executive Officer), David Perry (Chief Information Officer), Jeffrey Blair (Director of Health Informatics), and Robert White, MD (Director of Medical Informatics)
  - Navajo Area Indian Health Service: Michael J. Belgarde (Chief Information Officer) and Myron Johnson (Chief Technology Officer)
  - New Mexico Institute of Mining and Technology (NM Tech): Robert Tacker (Chief Information Officer)
  - New Mexico Primary Care Association: Robert Longstreet (Chief Information Officer)
  - Phoenix Area Indian Health Service: Lee Stern and Mark Carroll, MD (IHS Telehealth Program Director)
  - Presbyterian Medical Services: Larry Lyons, MD (Vice President of Clinical Affairs) and Esteban Hidalgo (Chief Information Officer)
  - Sangre de Cristo Community Health Partnership: Arturo Gonzales, PhD (Executive Director), Paul Nelson (Chief Financial Officer), and Tony Gallegos (Information Technology Specialist)
  - Tucson Area Indian Health Service: Karen Wade (Chief Information Officer)
  - University Consortium: Gary Bauerschmidt (Associate Director of UNM ITS) and Robert Tacker (Chief Information Officer, NM Tech)
  - University of New Mexico Information Technology Services: Moira Gerety (Director)

**b. Provide a complete address for postal delivery and the telephone, fax, and email address for the responsible administrative official.**

- Project Coordinator:  
Name: Dale C. Alverson, MD  
Title: Medical Director, Center for Telehealth and Cybermedicine Research  
Mail Address: MSC11 6090, 1 University of New Mexico, Albuquerque, New Mexico 87131-0001  
Email: [dalverson@salud.unm.edu](mailto:dalverson@salud.unm.edu)  
Phone: (505) 272-8633  
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- Associate Project Coordinator:  
Name: Elizabeth (Liz) A. Jenkins  
Title: Sr. Program Manager, Center for Telehealth and Cybermedicine Research  
Mail Address: MSC11 6090, 1 University of New Mexico, Albuquerque, New Mexico 87131-0001  
Email: [ejenkins@salud.unm.edu](mailto:ejenkins@salud.unm.edu)  
Phone: (505) 272-8633  
Fax: (505) 272-0800

**c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.**

University of New Mexico through the Project Coordinator, Dale C. Alverson, MD (Medical Director, Center for Telehealth and Cybermedicine Research).

**d. Explain how the project is being coordinated throughout the state or region.**

The Southwest Telehealth Access Grid (SWTAG) is an integrated interstate network of networks built upon the extensive experience of key participants in rural telemedicine and rural healthcare. A primary goal is to extend and leverage existing and planned statewide networking infrastructure initiatives and investments to create this telehealth access grid of rural healthcare telemedicine systems and integrate the high-speed Internet backbones offered by Internet2 and National LambdaRail with appropriate security and quality of service.

The SWTAG is comprised of a consortium of stakeholders in New Mexico, Arizona, and the southwest IHS area offices; Albuquerque Area, Navajo Area, Phoenix Area and Tucson Area and their affiliated tribes and sites. The project is being lead by the Center for Telehealth and Cybermedicine Research at the University of New Mexico. The project is also being coordinated through five committees; 1) Governance, 2) Network Engineering, 3) Health Services, 4) Health Information Exchange, and 5) Evaluation, with representatives from the stakeholders participating in the project. The project has a Web Portal; <http://portal.swtag.org> with a public page and a password protected private portion for use by the stakeholders and other participants, such as the members of the five committees. This has been designed to facilitate communication, tracking tasks and timelines, entering data for the progress reports and other components of the project, as well as uploading and downloading of documents.

During this quarter, a full-time Senior Program Manager has been hired as the new Associate Project Coordinator (APC). In this role, Elizabeth (Liz) Jenkins is facilitating the coordination of planning and implementation of the SWTAG project among the stakeholders. The SWTAG Web portal is also being refined to facilitate coordination among the stakeholders. In addition the Project Coordinator, Dr. Dale Alverson, and Ms. Jenkins have been interacting with several state and regional organizations to discuss coordination of this project with other broad-band architectural initiatives and health delivery programs, such as with the New Mexico Department of Health and Department of Information Technology. During this quarter, presentations have been

given about the FCC RHCPP and SWTAG to the New Mexico Information Technology Commission and the Telehealth and Health Information Technology Commission. Additional presentations are being planned for the New Mexico Legislative Health and Human Services Committee and the All Indian Pueblo Council.

The formation of a Round Table Discussion Group is also being planned to allow sharing of information with other organizations with interest in this project, such as members of the tribes being served, other state agencies, schools and libraries, to allow communication, sharing of information and feedback, as well as exploring opportunities for coordination with other broadband infrastructure initiatives in the region in order to consider interoperability and appropriate sharing of the infrastructure being developed. In addition there has been dialogue with other FCC RHCPP selected participants in the region, particularly the four corners states of Arizona, Colorado, Utah, New Mexico, and Southwest IHS Telehealth Consortium, to explore future coordination and avoidance of unnecessary duplication of effort and eventual linking of these networks as plans are developed to build a regional and national network of networks. A Four Corners Telehealth Consortium (FCTC) exists to facilitate that communication, cooperation, coordination and future collaboration. The FCTC has discussed this opportunity and is exploring specific interstate telehealth applications, such as the use of telehealth to bring post traumatic stress disorder and traumatic brain injury services to veterans, active military, and their families. Two teleconferences have been held with representatives of the Tohono O'odham Nation and Tucson Area Indian Health Services regarding their FCC RHC Pilot Project to assure appropriate coordination and avoidance of duplication of efforts following USAC and FCC guidelines. These types on interactions will assist in the ongoing SWTAG and regional network design, optimal build-out, interoperability, and operations that can best meet the objectives of the project and insure sustainability.

## **2. Identify all health care facilities included in the network.**

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.**
- b. For each participating institution, indicate whether it is:**
  - i. Public or non-public;**
  - ii. Not-for-profit or for-profit;**
  - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.**

See Appendix A (attached). Note that the sites listed are those that are anticipated to receive actual RHCPP support for their connectivity. Some of the other SWTAG sites are already connected within existing networks and are proposed to be incorporated into the overall 'network of networks' as a result of the pending Network Design Studies. These additional sites will be identified within the Network Design Studies Form 465 packet, even though they will not be requesting funding for upgrades, etc.

In addition, we acknowledge that some locations currently receive telehealth services from more than one SWTAG stakeholder. The pending Network Design Studies are intended to help resolve any potential duplication of connectivity.

**3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:**

**a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;**

As of September 30, 2008 a competitive bidding process has not yet been completed for the overall network design of SWTAG. However, the intent is that the SWTAG be a hybrid IP-based network of networks that is integrated with the Internet2 and National Rail backbones. This hybrid infrastructure will build upon existing and new infrastructure, as well as use combinations of existing and new land-lines, fiber, and wireless network technologies.

**b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;**

As of September 30, 2008 a competitive bidding process has not yet been completed for the overall network design of SWTAG. However, the intent is that the health care providers will generally connect into using secure IP point to point or multi-point IP addresses through bridging and the appropriate Internet Service Provider. Connection to I2 and NLR backbones will occur through development of a GigaPOP connector in compliance with the rules, guidelines and standards of the stakeholders. Transmission speeds will generally be at a minimum of 384 kbps depending upon the health service being provided and overall resolution requirements of the health applications. The I2 and NLR backbone will be used to facilitate inter-connectivity across networks, handle higher traffic and larger data files as indicated.

**c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;**

As of September 30, 2008 a competitive bidding process has not yet been completed for the overall network design of SWTAG. However, the intent is that the network of networks will generally connect to I2 and NLR through the GigaPOP located in Albuquerque.

**d. Number of miles of fiber construction, and whether the fiber is buried or aerial;**

As of September 30, 2008 a competitive bidding process has not yet been completed for the overall network design of SWTAG. However, the intent is that the network of networks will include one thousand (1000) miles of buried fiber.

**e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.**

As of September 30, 2008 a competitive bidding process has not yet been completed for the overall network design of SWTAG. Therefore this will be determined as a result of the overall network modeling and design studies, as well as the selection of the most appropriate service provider.

**4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.**

- a. Provider name**
- b. Eligible provider (Yes/No);**
- c. Type of network connection (e.g., fiber, copper, wireless);**
- d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);**
- e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);**
- f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);**

- g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.**
- h. Provide a logical diagram or map of the network.**

As of September 30, 2008, none of the SWTAG Health Care Providers have been connected to the network of networks.

**5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.**

- a. Network Design**
- b. Network Equipment, including engineering and installation**
- c. Infrastructure Deployment/Outside Plant**
  - i. Engineering**
  - ii. Construction**
- d. Internet2, NLR, or Public Internet Connection**
- e. Leased Facilities or Tariffed Services**
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)**
- g. Other Non-Recurring and Recurring Costs**

As of September 30, 2008, SWTAG has incurred no recurring or non-recurring costs. On September 8, 2008 the project did request funding to support the University of New Mexico's development of the Request for Proposal (RFP) process to be used by the SWTAG. A Form 466A packet was submitted to USAC (including Form 466A, Form 466A attachment, Network Cost Worksheet, and justification letter). The University of New Mexico (UNM) has been expending internal budget to define the SWTAG RFP process and create RFPs for network engineering and modeling. UNM will provide a 15 percent match (\$9,756) using existing personnel and already budgeted resources assigned in support of the Project. Thus our request for support to the FCC and USAC is \$55,284. We have not yet received notification as to the outcome of our request.

**6. Describe how costs have been apportioned and the sources of the funds to pay them:**

- a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.**
- b. Describe the source of funds from:**
  - i. Eligible Pilot Program network participants**
  - ii. Ineligible Pilot Program network participants**
- c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).**
  - i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.**
  - ii. Identify the respective amounts and remaining time for such assistance.**
- d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.**

As of September 30, 2008, SWTAG has incurred no recurring or non-recurring costs, so there are no costs to apportion at this time. The apportionment of funds among the stakeholders will be reviewed by the SWTAG Governance Committee as outlined in the original project proposal. On shared sections of the network, it is anticipated that network costs will be apportioned by bandwidth and distance, plus complexity such as special security requirements, etc.

Committee members are actively participating with no reimbursement from SWTAG. Their time and effort is being provided by their home organization.

**7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.**

The vast majority of entities SWTAG entities are eligible participants. As the project evolves, any ineligible sites will be identified and will be required to contribute 100 percent of their costs to be connected into the network of networks.

**8. Provide an update on the project management plan, detailing:**

**a. The project's current leadership and management structure and any changes to the management structure since the last data report; and**

Current SWTAG Project Leadership and Management Structure:

- Project Coordinator and co-Principal Investigator: Dale C. Alverson, MD (UNM)
- Co-Principal Investigator: Gilbert R. Gonzales, PhD (UNM)
- Associate Project Coordinator: Liz Jenkins, MPA (UNM)
- Five Committees with stakeholder representation provide the basis for moving the project forward in a manner consistent with the FCC RHCPP Order to design, model, implement and operate an enhanced broad band network that will support rural telemedicine, health information exchange, and evaluate its effectiveness in meeting health care needs in the region, development of protocols for emergency preparedness and disaster response that can serve as a model for a national network of networks, consistent with the objectives of the Nationwide Health Information Network (NHIN) and the Public Health Information Network (PHIN).
  - 1) Governance; Co-chaired by Dr. Dale C. Alverson (UNM Center for Telehealth and Cybermedicine Research) and Dr. Gilbert R. Gonzales (UNM CIO)
  - 2) Network Engineering; Co-chaired by Gary Bauerschmidt (UNM ITS) and Michael Belgarde (Navajo Area Indian Health Services)
  - 3) Health Services; Co-chaired by Dr. Mark Carroll (IHS Southwest Telehealth Consortium) and Sandra Beiner (Arizona Telemedicine Program)
  - 4) Health Information Exchange; Chaired by Dr. Dale C. Alverson (UNM Center for Telehealth and Cybermedicine Research)
  - 5) Evaluation; Co-chaired by Dr. Elizabeth Krupinski (Arizona Telemedicine Program) and Denise Wheeler (UNM Center for Telehealth and Cybermedicine Research)

The overall SWTAG project's leadership and management structure has experienced several changes since the last Quarterly Report. Dr. Dale Alverson continues to serve as the Project Coordinator and co-Principal Investigator. The University of New Mexico hired a new Chief Information Officer, who also serves as co-Principal Investigator for this project. Dr. Gilbert Gonzales began his duties in mid-August 2008 in this role (replacing interim CIO, Dr. Arthur Maccabe). He has considerable experience in network infrastructure design and implementation from his prior work, most recently in California. He will play a key role in the consideration of network design and infrastructure for this project, including the integration of the national high speed backbones of Internet2 and National Lambda Rail.

Ms. Liz Jenkins was hired in late August 2008 at the UNM Center for Telehealth and Cybermedicine Research to serve as the SWTAG Associate Project Coordinator (replacing interim Assoc. Project Coordinator, Greg Blackwell). An experienced project manager, Liz is taking major responsibility in working with the Project Coordinator in coordination of the SWTAG

among the stakeholders with respect to planning and implementation, as well as eventual ongoing operations. She interacts extensively with all stakeholders and the five committees; Governance, Network Engineering, Health Services, Health Information Exchange, and Evaluation.

Also changes have been reported for certain of the SWTAG stakeholders as described below:

- Lovelace Clinic Foundation is a new partner, as New Mexico's health information data center. The Lovelace Clinic Foundation, located in Albuquerque, New Mexico, is an independent, nonprofit, tax-exempt corporation that is developing the New Mexico Health Information Collaborative (NMHIC) with support from various sources, including the US Department of Health and Human Services, through the Nationwide Health Information Network (NHIN) demonstration contracts. LCF/NMHIC is a critical participant in the SWTAG project by connecting the health information exchange to the high speed network for the purpose of providing healthcare information from LCF/NMHIC data suppliers (including the NHIN) to the users of the SWTAG at the user's point of care. It also allows information from those users to be available to other users of the health information exchange at other points of care
  - New Mexico Primary Care Association: Another new partner, NMPCA's overall project will be managed by the NMPCA CIO and NMPCA CEO. The CIO has more than ten years experience designing and maintaining wide-area-networks, is a certified Project Management Professional (PMP) by the Project Management Institute and has extensive experience with the traditional USAC program. In addition to his twenty years of experience implementing HIT systems in community health centers on an organization and network level, the NMPCA's CEO is an active Board Director of the New Mexico Telehealth Alliance, the New Mexico RHIO (RHIO Grande), and the New Mexico Health Information Collaborative (NMHIC). NMPCA member organization site staff will be involved during the implementation phases of this project.
  - UNM Center for Telehealth and Cybermedicine Research: See above change in the Associate Project Coordinator.
  - UNM ITS/CIO: See above change in the University's Chief Information Officer.
  - UNM ECE: This University department has changed in SWTAG status from a stakeholder partner to a potential nontraditional service provider.
- b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.**

The SWTAG Project Timeline dates displayed in Appendix B have been adjusted to reflect the timeframe shift that reflects the actual start date of the RHCPP and allows time for the Network Design and Design Studies RFP to be posted and contracts awarded.

In addition, updates to project plans during the First Quarter of 2008 have been reported by certain SWTAG stakeholders as follows:

- Holy Cross Hospital: Holy Cross Hospital's (HCH) overall project continues to be managed by the Information Technology Director, supported by the HCH Development Officer. Compliance oversight will be provided by the HCH Compliance Officer. We operate from a multi-disciplinary Quality Improvement Team that includes our partners, Director of Imaging, IT Director, Rural Clinic Managers and HCH CFO. This team is responsible for the administration of the overall grant and provides oversight, high level prioritization, conflict

resolution and status reporting. However, there have been changes in the scope of work since the award has been announced and the funding distribution has been clarified. The Penasco Clinic has already been connected so it is no longer on the health care facility site listing. The health care facilities for the First Born Program and the Enchanted Circle Health for Kids will be relocated to a new building on the hospital campus that will be constructed by April 2010. This new building is part of this project, but it is not a new facility, just a new location. We also work with Lovelace Clinic Foundation to integrate the National Health Information Network Trials into the scope of work.

- IHS Southwest Telehealth Consortium reported: The Albuquerque, Navajo, Phoenix, and Tucson Areas of the Indian Health Service continue to plan for coordinated access to Internet 2 services. Such access will facilitate network-to-network connectivity between Indian health sites in the Southwest and other Southwest Telehealth Access Grid (SW TAG) organizations. At this time, it appears that the Indian Health Service will be required by policy of the Department of Health and Human Services (DHHS) to utilize a connection to Internet 2 already available within DHHS. This would obviate the need for the four IHS Areas to establish Internet 2 connectivity via the SWTAG project, as originally proposed. However, regardless of how the IHS Areas connect to Internet 2, increased, broadband access to specialist services in SWTAG partners is vital to participating Indian health facilities and will be pursued in collaboration with the SWTAG project.
- Sangre de Cristo Community Health Partnership: The Screening Brief Intervention and Referral to Treatment (SBIRT) grant funding used to support the connectivity costs of the SDCCHP Rural Telehealth Project network ended September 30, 2008. Some limited support for continuation of the network will be available for a short period of time. SDCCHP is anticipating that funds from the FCC RHCPP grant will support the connectivity cost of the SDCCHP SBIRT network after September 30, 2008. It is important to note that the SDCCHP SBIRT network supports other Telehealth programs in New Mexico by providing, at no charge to the program, for accessibility and use of the network by programs such as the UNM ECHO and UNM Reach programs, the New Mexico Department of Health, the New Mexico Office of School and Adolescent Health, and the UNM Department of Psychiatry, to name a few. In order to ensure continued sustainability, SDCCHP SBIRT is considering the possibility of charging minimal fees for network usage after September 30, 2008. During this last quarter (July, August and September 2008), SDCCHP has worked to develop its Request For Proposal in collaboration with the UNM Center for Telehealth.
- UNM Center for Telehealth and Cybermedicine Research: The Center (CfTH) serves as the foundation and coordinating center for this project, regularly communicating with all stakeholders, convening and participating in meetings of the five committees, preparing the progress reports, leading efforts in creation of the network design RFP, and submitting the Form 466-A and associated documents requesting funding for the creation of the network design RFP. In addition to the contributions of the Project Coordinator, and now the new Associate Project Coordinator (as noted above), the staff members from the CfTH continue to contribute to SWTAG efforts. These include significant participation in the development of SWTAG network design criteria, the development of additional specific health applications and plans to use Telehealth (such as a tele-stroke program, tele-dermatology, maternal fetal medicine high risk pregnancy, tele-oral health, tele-pharmacy, and tele-ethics). The CfTH is facilitating telehealth equipment installations for these programs and other stakeholders, such as the UNM Office of Community Health.

Although as of September 30, 2008 a competitive bidding process has not yet been completed for the overall network design of SWTAG, the five committees of the SWTAG have been continuing to engage in a significant level of project activity. These committees (Governance, Network Engineering, Health Services, Health Information Exchange, and Evaluation) serve as a platform for project management and provide for direct stakeholder involvement through their representatives. A synopsis of their efforts for the months of July, August, and September 2008 follows below.

1. **Governance Committee** This Committee, with representation from each stakeholder, is co-chaired by Project Coordinator, Dr. Dale Alverson (UNM Center for Telehealth and Cybermedicine Research) and the CIO for the University of New Mexico, Dr. Gilbert Gonzales. The Committee meets via teleconference on a monthly basis. Minutes are maintained and are available on the SWTAG Portal.
- July 2008. Business items for this month were as follows:
    1. Project Management:
      - a. Work by the UNM Center for Telehealth and UNM ITS on RFP development for network design and modeling.
      - b. Established procedures for RFP submission and selection criteria. Worked with UNM Purchasing Department to assure a clear separation between those bidding and those writing the RFPs for network design and modeling studies. Process will insure separation (firewall) between bidders and evaluators and be auditable. A process flow mapping out the system from RFP to RFP implementation is being developed.
      - c. Efforts to obtain funding support for project management activities. Conversations occurred with FCC Commissioner Tate as well as the ATA. SWTAG Stakeholders requested to contribute to project administration costs and determine the amount of their contribution.
      - d. Development of Memorandum of Understanding between stakeholders and UNM to articulate expectations for participation in SWTAG Consortium. The University is concerned with ensuring the payment of the required 15 percent match by each consortium member. The University of Virginia will be contacted to learn about their approach.
      - e. Update on UNM Center for Telehealth progress to hire a Senior Program Manager for the SWTAG Project. Both of the top candidates declined the offer so the Center is in the process of reposting the position.
    2. Development of Stakeholder RFPs: Each stakeholder to begin outline of RFP they plan to submit no later than September 2008.
    3. Partner Agreements:
      - a. Work by the UNM Center for Telehealth to obtain Letters of Agency from five remaining stakeholders.
      - b. Impact of the administration change at New Mexico State University and collaboration in the SWTAG. The UNM Office of the CIO will follow up.
    4. Quarterly Reports to USAC: Stakeholder contributions required for the Quarterly Progress for the 4<sup>th</sup> Quarter of 2007 due by July 7, 2008.
    5. Stakeholder Budget Review: Stakeholders were asked to review original budget submissions. Provide any changes, as well as reconfirm the 15 percent match, by July 30, 2008.
    6. Formation of Advisory Council: Purpose and role was discussed and stakeholders agreed to provide suggested membership.
    7. Ongoing Communications:
      - a. Use of SWTAG Project Portal.
      - b. Posted meeting minutes to shared site on the Project Portal.
  - August 2008. No meeting was held in August.
  - September 2008. Business items for this month were as follows:
    1. Project Management
      - a. Introduction of New Sr. Program Manager, Liz Jenkins. Liz is the Associate Project Coordinator for the SWTAG Project.
      - b. Development of Memorandum of Understanding between stakeholders and UNM to articulate expectations for participation in SWTAG Consortium continues with UNM Legal Counsel. A requirement that each stakeholder will be responsible for their own 15 percent match will be stated explicitly.

- c. Workflow Diagram for the RHCPP Process. There is a need for a flowchart visually showing the current USAC paperwork process and list of requirements was requested, particularly with regard to vendor invoicing. This continues to be under development.
  - d. UNM has obtained a Service Provider Identification Number (SPIN).
  - e. A request (Form 466A) has been submitted to USAC to provide support for work on RFP development. We are requesting approximately \$55,000 through an exception process following USAC's instructions.
  - f. Project Management Support. The Committee requested that a draft spreadsheet be circulated showing proposed stakeholder contributions to provide funding support for project management activities.
2. Partner Agreements:
    - a. Work by the UNM Center for Telehealth to obtain Letters of Agency from five remaining stakeholders. Indian Health Services attorneys are working up a CA (Collaborative Agreement) in place of an LOA and USAC has accepted the proposed CA from Navajo Area IHS.
    - b. A November 3, 2008 teleconference is scheduled with the new leadership at New Mexico State University regarding their collaboration with the SWTAG.
    - c. New Mexico Primary Care Associates has been added as a stakeholder for SWTAG. A number of their participants are original partners in the Project.
  3. Discussion and Consideration of the New FCC Requirement for Sustainability Plans. After a lengthy discussion, a separate meeting will be scheduled to focus on this situation.
  4. Stakeholder RFPs: Work continued on the RFPs for Network Design, Sangre de Cristo Community Health Partners and NM Primary Care Associates. The new FCC requirement for an approved sustainability plan has caused delays in the completion of these documents due to a shift in focus to the new requirement. The first set of RFPs is expected to be sent to USAC for review in October. The second set of RFPs is anticipated for early 2009.
  5. Stakeholder Budget Review: Stakeholders were again asked to review their original budget submissions, provide any changes, and reconfirm their 15 percent match. A proposal is moving forward to request funding from the New Mexico Legislature to support the matching requirement for those stakeholders located in New Mexico. Arizona currently has a matching budget.
  6. Site Identification and Coordination: We have been asked to ensure that SWTAG does not overlap with other RHCPP projects, particularly the two other approved Arizona projects.
    - a. USAC has confirmed that there is no overlap with the ARCHIE Project (Arizona Rural County Health Information Exchange).
    - b. A set of meetings have been held with representatives from the Tucson Area Indian Health Services and the Tohono O'odham Nation regarding possible overlap of the two projects. Karen Wade (TAIHS CIO) reported to the Committee that they have determined there is no overlap in the work of the two projects and further project planning is underway to determine which activities will go with which project.
  7. Quarterly Reports: Due to issues with the report generation by the SWTAG Portal, submissions for the 1<sup>st</sup> Quarter of 2008 need to be provided in MS Word or Excel for compilation into a consolidated report, rather than via the Portal. Stakeholders were requested to begin their required submissions for the first quarter of 2008 with a deadline of October 15, 2008.
  8. Formation of Advisory Council: The Committee decided to move to a Virtual Round Table approach.
  9. Ongoing Communications:
    - a. Committee reports were provided about the activities of the Network Engineering Committee, the Health Services Committee, the Evaluation Committee, and the Health Information Exchange Committee.

- b. An ATA list serve focused on the RHCPP has been created to share approaches and experiences, particularly with regard to sustainability plans.
- c. Posted meeting minutes to shared site on the Project Portal.

**2. Network Engineering Committee** This Committee, with representation from each stakeholder group, is co-chaired by Gary Bauerschmidt (UNM IT Services) and Michael Belgarde (Navajo IHS). The Committee meets via teleconference on a weekly basis. Minutes are maintained and are available on the SWTAG Portal.

- July 2008. The Committee met five times in July 2008. Business items for this month were as follows:
  1. Development of Procurement Processes:
    - a. Worked with USAC Coach, Danilo Sta. Ana, to clarify requirements for RFP development, including for network design and modeling, various USAC processes, and determination of eligibility.
    - b. Established Procedures for correct 'firewalling' for those self-provisioning to ensure that there is clear separation between those bidding and those writing the RFP. Process will insure separation (firewall) between bidders and evaluators and be auditable.
    - c. Determined Frequency of RFP Submission: Plan to submit two 465s with RFPs during this fiscal year; one in August and one in spring. Make sure to note new sites to be added in later phases if that is your plan. Bidders should not be placed at a disadvantage because of bidding only to find out sites are added that might have changed their bid.
    - d. Development of Stakeholder RFPs: RFPs for Network Design, Sangre de Cristo Community Health Partners and Arizona Telemedicine anticipated being ready for review by August 1, 2008.
  2. Network Design and Modeling
    - a. Focus Group Updates: The NEC used a focus group approach with the goal of visiting each stakeholder to document their networking needs. Focus group met at Albuquerque GigaPOP (ABQ-G) for a tour and discussion on using ABQ-G as a central hub.
    - b. Established baseline of 400K for video based on stakeholder test results.
    - c. Discussions held to develop the parameters for the modeling program with the Navajo Indian Health Services network as the initial standard.
    - d. Ongoing planning discussions held with identification of concerns including security on national networks, ultimate responsibility for SWTAG network of networks, and need to close gaps of site connectivity and network of networks build-out in final year.
  3. New Site Identification and Coordination:
    - a. Discussion about how to proceed when new HCP sites are identified.
    - b. Initiation of discussions with other Arizona projects to insure no duplicate sites and seeking opportunities for collaborations.
  4. Quarterly Reports to USAC: Members of the Committee contributed to the required quarterly progress report due by July 30, 2008.
  5. Partner Agreements: The Committee assisted in efforts to obtain Letters of Agency from five remaining stakeholders. Indian Health Services attorneys are reported to be working up a CA (Collaborative Agreement) in place of an LOA.
  6. Ongoing Communications:
    - a. Provided USAC Coach "Read" access to Project Portal.
    - b. Posted weekly meeting minutes to shared site on the Project Portal.
- August 2008. The Committee met four times in August 2008. Business items for this month were as follows:
  1. Continued Clarification with USAC of RHCPP Requirements and Processes. Discussion about new FCC requirements related to sustainability plans effective with the next quarterly report.

2. Informal Poll of SWTAG Stakeholders determined preference is that each stakeholder holds the contract for their own services.
  3. Fine Tuning Regarding Frequency of RFP Submission: With the number of Stakeholders in SWTAG it is suggested we should try for to submit a Form 465 every quarter.
  4. Development of Stakeholder RFPs: RFPs for Network Design, Sangre de Cristo Community Health Partners and NM Primary Care Associates anticipated being ready for review by September 1, 2008.
    - a. Committee reviewed draft Network Design RFP at August 13, 2008 meeting. UNM Purchasing Department is reviewing Terms and Conditions of these RFPs.
    - b. New Mexico Tech, Holy Cross and Navajo Area IHS will wait till next go-around to submit RFP.
  5. Network Design and Modeling: Focus Group Updates
    - a. Met with representatives of NM Department of Information Technology and Deputy Cabinet Secretary Elisa Storie. The DoIT network is available for non-profit telehealth usage.
    - b. Visited Holy Cross Hospital in Taos on August 29, 2008.
  6. New Site Identification and Coordination: New partner, NM Primary Care Associates list of sites needs review for their proposal to be included in overall SWTAG budget.
  7. Partner Agreements: The Committee assisted in efforts to obtain Letters of Agency from four remaining stakeholders. Indian Health Services attorneys have a draft CA (Collaborative Agreement) and provided a few weeks estimated completion date.
  8. Ongoing Communications:
    - a. Posted USAC forms and Network Design and Modeling RFPs to shared area of Portal.
    - b. Posted weekly meeting minutes to shared site on the Project Portal.
- September 2008. The Committee met four times in September 2008. Business items for this month were as follows:
    1. Discussion and Consideration of the New FCC Requirement for Sustainability Plans took a predominant role in the Network Engineering Committee's time and effort during September. Clarification has been requested from USAC on their requirements and the level of detail required. The business plan template required by Indian Health Services was distributed for Committee review and consideration as a possible approach to meet this new need.
    2. Given the dynamic nature of this project, the need for a flowchart visually showing the current USAC paperwork process and list of requirements was requested, particularly with regard to vendor invoicing.
    3. Development of Stakeholder RFPs: Work continued on the RFPs for Network Design, Sangre de Cristo Community Health Partners and NM Primary Care Associates. The new FCC requirement for an approved sustainability plan has caused delays in the completion of these documents due to a shift in focus to the new requirement.
    4. Network Design and Modeling: Focus Group Updates
      - a. Discussions occurred with Sangre de Cristo this month regarding how to connect to the Albuquerque GigaPOP.
      - b. Future focus group visits are anticipated for Albuquerque Area IHS and the Arizona partners.
    5. New Site Identification and Coordination: The Committee had a lengthy discussion about efforts by the Center for Telehealth with USAC to incorporate Lovelace Clinic Foundation as a non-traditional stakeholder within the RHCPP. This is due to its role with the NMHIC and as the core data center for the health information exchange (HIE) network within New Mexico. LCF assists health associations in the interchange of medical information and records across systems and uses two bonded T1s, so it would be better to use the GigaPOP for direct routing.
    6. Partner Agreements: The draft IHS Collaborative Agreement was sent to UNM. Since it is not the LOA being used, UNM lawyers are now reviewing. Albuquerque Area IHS is also reported to be moving forward with their CA.

7. Quarterly Reports: Stakeholders were requested to begin their required submissions for the first quarter of 2008 for the RHCPP. Due to issues with the report generation by the SWTAG Portal, submissions for this quarter need to be provided in MS Word or Excel for compilation into a consolidated report.
8. Ongoing Communications:
  - a. New USAC forms were uploaded to the shared area of the Project Portal and a folder was created to store the older versions of the various USAC forms.
  - b. A QA section was created on the Portal to document USAC answers to SWTAG questions.
  - c. Posted weekly meeting minutes to shared site on the Project Portal.

**3. Health Services Committee** This Committee, with representation from each stakeholder group, is co-chaired by Mark Carroll (Southwest IHS Telehealth Consortium) and Sandy Beinar (Arizona Telemedicine Program). The Committee meets via teleconference on a monthly basis. Minutes are maintained and are available on the SWTAG Portal.

- July 2008: Business items for this meeting were:
  1. Goals: Review of Committee goals and addition of "Provide Menu of Telehealth Services."
  2. Survey Monkey: Review of the tool being used by Indian Health Services to gather information. Stakeholders asked to review, edit and be prepared to discuss at the next meeting.
  3. Evaluation Plan: The Evaluation Committee Co-Chairs reviewed the proposed work plan for the development of a SWTAG Evaluation Plan with the Health Services Committee.
  4. Health Services Matrix: Stakeholders requested to provide updates.
  5. Quarterly Reports: Committee members were reminded that quarterly reports, while gathered quarterly, need to be completed monthly. The initial quarterly reports are due now.
- August 2008: No meeting was held in August.
- September 2008: Business items for this month were as follows:
  1. Evaluation Plan: The SWTAG Evaluation Plan was posted on the portal for review and comment. It was also sent as an email attachment for people to review. Comments and edits are due to the Evaluation Committee.
  2. Quarterly Reports: Stakeholders were requested to begin their required monthly submissions for the first quarter of 2008 for the RHCPP. Due to issues with the report generation by the SWTAG Portal, submissions for this quarter need to be provided in MS Word or Excel for compilation into a consolidated report. In particular consider your sustainability plans.
  3. Survey Monkey: The Committee reviewed draft versions of a survey that will update services available, key contact information, areas for expansion of services and additional related information.
  4. Sustainability: Discussion and consideration of the new FCC requirement for sustainability plans took a major role in the Health Service Committee's discussions during September. Clarification has been requested from USAC on their requirements and the level of detail required. A sustainability model needs to be developed including services that may be provided and their sustainability. Input was requested to be sent to the Sr. Program Manager, Liz Jenkins. In addition Presbyterian Medical Services is bringing online a 19 node network. They will be providing training to their administrators and users and will cover topics of sustainability and protocols which they are happy to share. Committee members were invited to attend this training.
  5. USDA Collaboration: The grant is due in April 2009 for end point equipment and stakeholders were encouraged to take advantage of this since it presents an opportunity to work together.

- 4. Health Information Exchange Committee** The Health Information Exchange Committee, chaired by Dr. Dale C. Alverson, did not meet formally this quarter. However, based on plans initiated last quarter, a significant amount of work to incorporate an improved health information exchange into SWTAG been underway since July 2008. This is described below.

As the Lovelace Clinic Foundation (LCF) and its associated health information exchange initiatives were discussed, including the development of the New Mexico Health Information Collaborative (NMHIC), a critical role for LCF in the SWTAG was identified as a health information exchange data center. During this first quarter FY2008, several meetings and conference calls resulted in including them as a newly qualified stakeholder in this project. The LCF, located in Albuquerque, New Mexico, is an independent, nonprofit, tax-exempt corporation that is developing the NMHIC with support from various sources, including the US Department of Health and Human Services, through the Nationwide Health Information Network (NHIN) demonstration contracts. LCF/NMHIC is a critical participant in the SWTAG project by connecting the health information exchange to the high speed network for the purpose of providing healthcare information from LCF/NMHIC data suppliers (including the NHIN) to the users of the SWTAG at the user's point of care. It also allows information from those users to be available to other users of the health information exchange at other points of care.

A nonprofit applied health research organization, LCF is the leading expert in New Mexico regarding the use of health information technology and health information exchange to support the exchange of medical data, laboratory results, and other information that is crucial for quality patient care. In 2004 LCF received a federal grant from the Agency for Health Research and Quality (AHRQ) to develop the HIE network for New Mexico (the NMHIC). During the past three years, LCF has received federal, state, and community support to develop NMHIC. In 2005, LCF began to develop a community wide master person index to enable identification of patient health care information across multiple health care facilities. In 2006, the HIE demonstrated the use of clinical messaging in Taos, New Mexico with SWTAG partner Holy Cross Hospital and its associated medical practices.

Since privacy and security is a major factor in the operation of HIE networks, LCF became a subcontractor to the State of New Mexico for the federal contract which enabled it to become part of the Health Information Security and Privacy Collaborative (HISPC) in 2006. This work effort has been extended to create draft state legislation for the protection of patient information when stored or communicated electronically. On October 5, 2007, HHS Secretary Mike Leavitt announced the award of nine contracts to health information exchange networks (HIEs) to begin trial implementations of the NHIN. LCF was selected to receive \$3.5 million for the first phase (base implementation) including the exchange of Summary Patient Records, laboratory results and emergency responder information and will be able to expand the NMHIC, which is the HIE that will serve New Mexico. The NHIN Trial Implementation also will include Holy Cross Hospital in Taos, Presbyterian Healthcare Services, TriCore Reference Labs (which is the laboratory services provider for SWTAG partner the University of New Mexico), the New Mexico Department of Health and Albuquerque Ambulance Services.

LCF/NMHIC was one of the NHIN Trial Implementations recently invited to Washington DC to make a presentation on the trial implementation efforts to date. On September 23, 2008, they successfully demonstrated the exchange of patient information over the NHIN. Dr. Robert White, Director of Medical Informatics at LCF used the NMHIC health information exchange network to access a fictitious patient record from a healthcare provider in Albuquerque, New Mexico, and then gathered important additional information about the same patient from the Long Beach Network for Health (LBNH) in California. The demonstration illustrated how rapid access to patient information could dramatically improve patient care and potentially save lives. The audience for this demonstration included Secretary of Health and Human Services Michael Leavitt, the members of the American Health Information Community (AHIC), and all

those across the country who watched the demonstration as it was broadcast live over the internet.

As the NMHIC HIE expands, it will enable significant improvements in continuity of care, reduce duplicate health care services, facilitate early detection of health emergencies, facilitate consumer and payer access to health care quality and cost information, and provide consumer access to their own personal health care information. These goals are explicitly addressed within FCC Order 07-198, Paragraph 7, for the Rural Health Care Pilot Program (RHCPP) and support the President's Executive Order issued in 2004 to increase the use of health information technology to provide better information for consumers and physicians. Within FCC Order 07-198, awardees are instructed to coordinate with and support the efforts of the NHIN. The Order attached statements from Commissioners Adelstein, Tate, and Chairman Martin that each highlights the importance attaining the benefits of electronic health records and telemedicine. Indeed, Chairman Martin's presentation to the American Health Information Community on November 13, 2007 lists as the first two components of his vision for the RHCPP the need for improved electronic medical records and for an expanded national broadband infrastructure supporting telemedicine.

The SWTAG is an integrated interstate network of networks involving multiple partners throughout New Mexico, Arizona, and the Southwest Indian Health Service (IHS) Telehealth Consortium and associated Tribes. Lovelace Clinic Foundation is already actively partnering with two of the SWTAG partners (HCH and UNM through TriCore Reference Labs) and we strongly believe that formally including LCF as nontraditional health care provider partner complements and supports the purpose of our project. One of the primary goals of SWTAG is to extend and leverage existing and planned infrastructure initiatives and investments, particularly as a result of the network design studies supported by the RHCPP. The integration of the NMHIC is recognized as a fundamental component of the network of networks and therefore is included within network design requirements being defined as we prepare our initial RFP for release through USAC and in compliance with the FCC Rural Health Care pilot program. The SWTAG network design will incorporate improved HIE and will incorporate the LCF in order to enhance HIE among the other health services providers in our network, many with whom they already connect as part of their NHIN projects.

The specific need for RHCPP support for LCF as part of the SWTAG Project is to support direct connectivity via the GigaPOP to significant data providers in the NMHIC. Currently LCF is using basic Internet via two bonded T1 lines and will need to expand in order to more effectively, efficiently and securely transmit visual diagnostic images (such as digital x-rays), other large data files, and increased data traffic. Early estimates indicate the costs to address these needs meet the eligibility definitions and can be incorporated within our approved total budget of \$15,561,181 for the overall SWTAG project. LCF has already committed the requisite 15 percent matching funds that would be necessary to participate.

One of the recent high profile concerns raised by the FCC and USAC related to the RHCPP project has to do with a commitment to sustainability so that when the pilot project ends, the improvements funded by this investment does not cease. As a Trial Implementation partner for NHIN, LCF has an approved business plan that we believe would fulfill the sustainability plan requirement immediately. The LCF has produced an initial version that could serve as a template and provide guidance in developing an overall sustainability plan for the SWTAG.

Consortium data center services are eligible for funding if they are provided exclusively to eligible entities and are necessary for the provision of healthcare. For the reasons listed above, SWTAG strongly believes that the inclusion of Lovelace Clinic Foundation as an eligible partner that is designated as eligible to receive RHCPP support providing public benefits to the citizens of New Mexico, and the Southwest, that far outweigh the costs anticipated. Although the Lovelace Clinic Foundation does not meet the criteria as an eligible

health care provider in the original FCC Order it is qualified to request funding for enhanced connectivity support as a “data center” through the Rural Health Care Pilot Program.

5. **Evaluation Committee:** The Evaluation Committee, co-chaired by Dr. Elizabeth Krupinski (Arizona Telemedicine Program) and Denise Wheeler (UNM Center for Telehealth and Cybermedicine Research), did not meet this quarter. The initial draft of the Evaluation Plan for the SWTAG was completed and is circulating for review by the Health Services Committee. As there have not been any SWTAG implementations yet, there have been no evaluations necessary at this time.

**9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.**

Plans are being developed for the investments made in the SWTAG project to be self sustaining. Given the ‘network of networks’ goal, there are two levels of sustainability that must be addressed. First a sustainability plan designed for the ‘local’ level is a requirement for each of our stakeholders and these are actively under review and revision given the new FCC requirements. Second, an over-arching sustainability plan will be necessary to sustain the aggregation of these local systems into the network of networks for our region. To that end the project has established an Ad Hoc Work Group to develop a coordinated, multi-level approach to sustainability that will assist in providing direction and opportunities for sustainability.

There are several general points which can be made about sustainability and which pertain to SWTAG. As has been mentioned before in numerous settings, the ultimate criterion for the sustainability of a telehealth network is the provision of needed services. If the network provides services which are perceived as valuable to the rural communities and the providers and patients within the region, it will be sustainable. Continued adoption and investment in the Grid by the rural communities and the health care provider organizations will be based on perceived and demonstrable value in improved access, more effective distribution and sharing of health care services.

In a related manner, we expect that use of the network will result in measurable improvements in health outcomes. Objective evidence of these improvements will justify the continued investment. Reimbursement by third party payers for health services provided via telemedicine over the Grid will generate additional revenue for the rural users. Sharing the SWTAG among many stakeholders and avoiding silo systems offers economies of scale to assist in maintaining this network of networks.

The individual stakeholders in the SWTAG already have or are developing sustainability plans for their component of the network. As reflected in the NMHC Business Plan and scenario options, as well as in the Arizona Telemedicine Program, sustainability will be related to formally developing an identity to maintain and operate the network of networks. Approaches under exploration include coordination, such as through LCF, the New Mexico Telehealth Alliance, or other defined entity and using a subscriber membership model along with the subsidy provided in the traditional FCC/USAC Telemedicine program. Options here involve using the comparable urban rate or continuation of the 15%/85% approach currently in place with FCC RHCPP.

In addition, overall sustainability of the SWTAG will depend upon a high volume of utilization and quality of telemedicine services that meet the defined health care needs of the rural communities, their providers and patients within the region. Continued adoption and investment in the Grid by the rural communities and the health care provider organizations will be based on perceived and demonstrable value in improved access, more effective distribution and sharing of health care services. The SWTAG Health Services Committee is in the process of updating the health services grid with current and pending health service applications from each of the stakeholder groups involved in health care provision. This information will be used in the consolidation of

services and to provide a “menu” of potential services for sharing, as well as for grant applications and other potential sources of funding.

Furthermore, objective evidence of improvements in health outcomes will justify the continued investment, as well as reimbursement by third party payers for health services provided via telemedicine over the Grid. Sharing the SWTAG among many stakeholders and avoiding silo systems also offers the economy of scale to assist in maintaining this network of networks. In addition, if the SWTAG proves to offer enhanced reliability, QoS, security, surge capacity, and appropriate redundancy that provides means for disaster recovery, local, state, and federal agencies will more likely provide additional resources and funding to maintain the Grid so that the system will be in place to meet the needs for homeland security, emergency preparedness and disaster response.

The SWTAG also offers cost savings to the health care system through improved sharing of resources, effective distribution and access to health services that lead to decreased travel costs for patients, families and providers. Further, this enhanced access can provide improvements in continuity of care that provides prevention of subsequent complications and more expensive health services, particularly for patients with chronic disease. Those values will lead to continued sustainability and integration of telemedicine into the health care system.

Several of the stakeholders have indicated that the capital investment generated by the grant will result in ongoing cost savings sufficient to cover maintenance and replacement for their portions of the system. In addition, individual stakeholders and potential health care provider entities have demonstrated track records for sustainability that are meeting critical health care needs through telemedicine and should continue to maintain those efforts as noted below.

**Albuquerque, Navajo, Phoenix, and Tucson Areas of the Indian Health Service:** Sustaining I2 access beyond the two-year pilot period is a challenge for the area IHS offices. The Navajo Area Indian Health Service (NAIHS) network infrastructure involves a large capital investment that is recurring and sustained by NAIHS funding. The Tucson area network will be 100% self-sustaining and I2 connectivity, along with local circuit access, will continue to be funded and supported beyond the two-year pilot period. Similar to the existing FCC Rural Health Program, the Pilot Program establishes funding support for broadband I2 access that would otherwise be unaffordable for participating IHS Areas and regional IHS/Tribal facilities. The IHS Southwest Telehealth Consortium and each area office will carefully monitor project development and assess regional improvements to access to health care resources to IHS and Tribal facilities. Ongoing analysis will help determine the potential for continuance of regional I2 access beyond the pilot funding period. Importantly, I2 access for Southwest Tribal and IHS facilities will be standardized from the “edge” of the IHS WAN in Albuquerque and Rockville, MD. Such standardized access will offer benefit to other IHS and Tribal facilities nationally. Based on experience gained with Internet2-based network-to network connections for enhanced telemedicine service delivery, Indian health facilities in the southwest and across the country may elect to develop a cost-sharing model that will permit project continuance beyond the pilot period.

**Arizona Telemedicine Program:** The Arizona Telemedicine Program (ATP) has budgeted for the matching funds described in the budget request. The network upgrades and enhancements that are requested will not only increase the capacity of the Arizona Telemedicine Program's role as a telemedicine network service provider, but will additionally increase security and make it more cost effective for new network members to join and connect to the network.

ATP has been in operation over 12 years and has a successful business and sustainable network membership model already in place. The FCC project funded enhancements and upgrades will bolster the ATP network and position it to grow as the demand for telemedicine services increases. For purposes of this proposal, ATP has only budgeted for two initial years of the FCC Pilot program and has already worked towards establishing an equipment upgrade reserve.

Nevertheless in subsequent years, ATP will look to establish new partnerships and explore other funding sources to further expand and strengthen its regional network. The goal is to add redundancy and higher speed connections to accommodate increased demands for 24/7 network telemedicine services. Each year of proposed equipment upgrades stands independently as an operational improvement to the ATP network infrastructure that can be built upon in future years. The leased line portion of the proposed budget will relieve ATP and its members from the high costs of leased line services during the project years. The project savings, after the match is met, will potentially allow ATP to accelerate the pace of network improvements by allowing ATP to apply the funds that are currently devoted to leased line costs for infrastructure improvements.

**New Mexico Primary Care Associates:** Sustaining the pilot program past the two-year funding period will be a challenge. The majority of NMPCA's member organizations is currently or has utilized the traditional USAC program. The inherent challenge to future sustainability is that both the pilot and traditional programs are predicated on the idea that high-speed telecom service to rural areas is cost prohibitive. For the purposes of developing our sustainability plan we are assuming that the traditional USAC program, at the least, will continue, and strongly encourage the FCC to consider the continuation of the pilot program's funding structure past the life of the pilot. NMPCA's funding request for this project is not comprised of large one-time costs for equipment or an expensive build out of fiber facilities, but rather mainly for the monthly recurring cost of high-speed telecommunications service. As the project progresses, we expect to more completely develop our sustainability plan.

**Presbyterian Medical Services:** PMS' staff can absorb the support of the additional sites and services, but our biggest challenge will be the cost of ongoing maintenance charges for the network. Funds are in our year two budget to offset hardware and network maintenance expenses. We believe we can approach sustainability of the improved network by allowing PMS to extend our service offerings and become more attractive to payers. Increasing services and encounters will raise productivity and improve our revenue and our ability to cover increased expenses related to network maintenance and connectivity. PMS will be in an improved position to respond to Pay-for-Performance (P4P) initiatives by extending the reach of our providers across our service area. A robust telehealth-enabled network will give us the ability to apply for grants, contracts, and funding to provide services such as childhood obesity counseling, diabetes, cardiovascular risk reduction, and other critical areas of treatment.

**Sangre de Cristo Community Health Partnership:** We are working on the requested sustainability plan. We are gathering data and workload statistics from our partner clinics in an effort to make fiscal predictions towards the amount of possible revenue from client and patient care. These data are vital to the revenue projections that may be available after the FCC funding has been exhausted. We have refined our network semantics and developed the network grid with connectivity to the GigaPOP in Albuquerque. This will give us greater reach and speed of communication. Our current cost for connectivity within only the SBIRT partner primary care clinics sites is about \$211,000.00 per year. We are working with other interested parties like the New Mexico Primary Care Association and the UNM ECHO Program to see if there is any synergy towards collaboration of resources between the networks. These types of collaboration will be essential if the FCC funding is not available in the future.

**UNM, NMSU, NMIMT:** The current, low speed network is already self-sustaining. We intend to purchase dark fiber and equipment with one-time, capital funding to eliminate the monthly fees for some of the existing circuits. The savings will be used to offset the increases in maintenance and long haul (e.g., I2) costs. All of the network backbone and a majority of the connected sites will use this approach. A draft business plan has been developed to recover costs of connectivity. This plan will be completed and implemented based on available capital funding for the network expansion. The new network would only lease circuits where dark fiber was not available. This lower cost approach enables us to continue the self-sustaining model. Ultimately, the ongoing costs of the network are borne by customers using the new services. Our experience has shown that rural areas will readily pay for service that they could not otherwise obtain.

**UNM Center for Disaster Medicine:** UNM Center for Disaster Medicine will integrate the improvements in telehealth capacity created in this project into its overall mission. This will include continued participation in telehealth-supported education and training of health professionals in New Mexico and Arizona, funded by a broad base of local and federal sources. The increased capacity will create additional opportunities for funding for both training and emergency response by CDM.

**University of New Mexico Health Sciences Center Carrie Tingley Hospital:** The links will be fully self-sustaining for as long as the computers, Web cameras, and software are functional. Links between sites will be maintained as part of the direct communication needs of each site. Warranty on the laptops should help cover the cost of computer failure. Funding to replace outdated equipment might be needed in the future.

**SWTAG Issues to be Resolved:** There are two major issues which we need to resolve before SWTAG can develop a detailed sustainability plan.

- Projecting Telecommunications Costs: We expect that the competitive bidding process for telecommunications services will result in rates that are significantly lower than those currently experienced in the region. Because of the major changes in rates which this will bring about, it is next to impossible to estimate on-going telecom costs for the Grid. When we have better picture of these costs, we will be able to be more concrete about our sustainability plans.
- Organization Structure: As we have moved into the process of implementing the Grid, it has become increasingly clear to us that some more formal type of coordinating organization will be necessary to sustain the network. As was mentioned above, several segments are or will become self-sustaining, but the membership will have to collectively address the other components that will require additional support. SWTAG's Ad Hoc Work Group is currently in discussion regarding the shape of the proposed organization and the structure of dues and fees which will be necessary to maintain the Grid. The general approach will be to quantify the cost savings noted above and to set a fee structure which takes these into account.

UNM's Center for Telehealth has had considerable experience in developing business plans, in conjunction with the University of New Mexico's Anderson Schools of Management, for many of our Telehealth projects and applications and is contributing our expertise to the work of the SWTAG Ad Hoc Work Group. In the plans previously completed we have projected significant cost savings to health care provider organizations and third-party payers, including New Mexico's Medicaid program. Those business plans have demonstrated cost savings through travel avoidance for both providers and patients. For example NM Medicaid pays for travel and per diem costs of clients who can not receive their covered health care needs within 65 miles of their place of residence. Those costs alone are \$10-15 million per year and we have projected a cost saving by slightly more than 5 percent travel avoidance (NM Medicaid Business Plan available upon request). As of August 2007, they have endorsed reimbursement of all covered services that can be accomplished through telehealth (NM Medicaid announcement available upon request). In addition, the Center also prepared a business plan for the New Mexico Corrections Department regarding integration of telehealth within their system and demonstrated a cost savings of more than \$1 million after the first year of deployment through improved access to needed health care services, cost savings through avoidance of moving inmates out of their prison location, and avoidance of serious public safety events if an inmate escapes (Corrections Services Business Plan available upon request). This resulted in full deployment of a telehealth network throughout the corrections system in New Mexico with connections to several health care provider organizations including the University of New Mexico's Health Science Center. That telemedicine system has added predicted value and has been sustained for over four years. Similar business plans are being developed for other telehealth applications, such as for tele-dermatology, to predict sustainability and value added to both the specialty consultant and referring physician in a rural community.

In addition, telemedicine is providing improved continuity of care for patients in rural communities through improved access to care locally, particularly for patients with chronic disease or complicated health problems, such as diabetes, chronic congestive heart failure, emphysema, or asthma, resulting in less use of expensive emergency care services or hospitalization, as well as avoidance more expensive complications related to those diseases. Furthermore, the patients can improve their functionality at home and in the work place, and also avoid time of work for their families or friends who provide supportive care or even transportation to urban medical centers. A healthier community results in a healthier workforce and improves overall economic development in those rural communities. In addition, health care facilities, clinics and hospitals, can be economic drivers in their own communities, providing employment and other benefits, such as the local economic impact from money spent locally on goods and services (as well as employees' wages). Nationally, it is estimated that every dollar spent by a hospital supports more than two dollars in other business activities, a so-called "ripple effect".

All of these factors add significant value to the health care provider organizations and the communities that they serve and promote sustainability of an enhanced telehealth network after the FCC RHCPP investment. The SWTAG Ad Hoc Work Group will use this premise as it moves forward with the development of a detailed sustainability plan for our network of networks.

**10. Provide detail on how the supported network has advanced telemedicine benefits:**

**a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;**

Although the SWTAG project has not yet been implemented the goals and objectives set forth in the original proposal still stand to support and enhance current telemedicine services and add additional services.

The Health Services Committee has been developing a comprehensive inventory of current and planned telehealth services being offered over the telemedicine networks of the stakeholders (see Appendix C). A survey instrument is being developed to identify those services and current volume of activity as a baseline for evaluating the impact of the enhanced SWTAG infrastructure in increasing and sharing those telemedicine activities, as well as adding new needed health services as the SWTAG is implemented. The evaluation component of this project will measure those changes over the period of the project.

**b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;**

Planned health services are being outlined that can be expanded or added to meet defined needs of providers and patients in the region over the enhanced SWTAG network of networks. The Health Services Committee will be conducting additional surveys to determine current and planned health services that will run over the SWTAG to provide telemedicine services.

**c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;**

Our current stakeholders are providing or receiving telemedicine services over the existing networks. This project should facilitate expanding the delivery of telemedicine services and would allow patients access to medical specialists.

**d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;**

SWTAG project stakeholders include universities in New Mexico and Arizona, one of the NHIN national demonstration projects, as well as the Los Alamos National Laboratories.

- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.**

The SWTAG project plan includes offering 24/7 telemedicine services and development of protocols for using the SWTAG for emergency preparedness and disaster response. This will allow health care providers the ability to more easily monitor critically ill patients.

**11. Provide detail on how the supported network has complied with HHS health IT initiatives:**

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;**

The SWTAG has formed a Health Information Exchange Committee with representatives involved in HIE initiatives in our region to address interoperability standards as recognized by the HHS Secretary.

- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;**

The SWTAG has formed a Health Information Exchange Committee to address these issues regarding use of health IT products certified by the Certification Commission for HIT.

- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;**

The SWTAG project has formed a Health Information Exchange Committee and includes representatives from one of the NHIN trial implementations through the Lovelace Clinic Foundation based in Albuquerque, NM.

LCF/NMHIC is collaborating with SWTAG with respect to health information exchange among the health service provider stakeholders, some of which are already part of the health information exchange projects currently underway, such as the University of New Mexico Health Sciences Center and Holy Cross Hospital in Taos, New Mexico. Furthermore, as part of the NHIN project, a business plan has been developed to address sustainability which is applicable to sustainability planning for the SWTAG (copy available upon request).

LCF/NMHIC, was one of the NHIN Trial Implementations recently invited to Washington DC to make a presentation on the trial implementation efforts to date. On September 23, 2008, they successfully demonstrated the exchange of patient information over the NHIN. Dr. Robert White, Director of Medical Informatics at LCF used the NMHIC health information exchange network to access a fictitious patient record from a healthcare provider in Albuquerque, New Mexico, and then gathered important additional information about the same patient from the Long Beach Network for Health (LBNH) in California. The demonstration illustrated how rapid access to patient information could dramatically improve patient care and potentially save lives. The audience for this demonstration included Secretary of Health and Human Services Michael Leavitt, the members of the American Health Information Community (AHIC), and all those across the country who watched the demonstration as it was broadcast live over the internet.

- d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;**

The SWTAG's Health Information Exchange Committee will address these issues regarding use of HHS's AHRQ National Resource Center for HIT.

- e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and**

The SWTAG Consortium has access to the Pandemic and All Hazards Preparedness Act document which is being reviewed and discussed so as to allow the SWTAG to coordinate with the HHS Assistant Secretary for Public Response and be used as a resource for the telehealth inventory for the implementation of preparedness and response initiatives. Furthermore, the SWTAG has been in contact with the state Divisions for Disaster Response, Emergency Preparedness and Homeland Security to coordinate the use of the network of networks and other IP Architectural plans.

- f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.**

The SWTAG's Health Information Exchange Committee will address these issues regarding use of the developed network as an available resource to HHS's CDC PHIN as well as facilitating interoperability with public health and emergency organizations.

- 12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.**

As noted previously, the SWTAG project has formed a Health Information Exchange Committee to address these issues and develop a system and appropriate protocols for using the SWTAG as part of a national network in case of local public health, regional, national health emergencies such as pandemics, or acts of terrorism. In addition, this project will create a model for the SWTAG network of networks to provide a platform for simulations related to disasters or health emergencies, address disaster recovery and appropriate redundancy in the network, security and QoS. This will also assist in determining how best to design the network of networks and provide iterative improvements as indicated. As part of the network design and modeling efforts, protocols will be developed for emergency and disaster response use of the SWTAG, working with local, state and national PHIN initiatives, as well as the states' departments of Homeland Security and Emergency Management.

Appendix A: SWTAG Sites, First Quarter 2008

Site Name	Address	City	State	County	ZipCode	RUCA Census		Phone #	Public or NonPublic	NPO or For-Profit	Eligible or Not Eligible	
						Code	Tract				HCP	Reason
1st Nations	5608 Zuni Road SE	Albuquerque	NM	Bernalillo	87108	1	0009.03	(505) 262-2481	Public	NPO	Eligible	
Acomita-Canoncito Laguna	P.O. Box 130	San Fidel	NM	Cibola	87049	5	9415.00	(505) 552-5300	Public	NPO	Eligible	
ADHS-CRS	150 N. 18th Ave.	Phoenix	AZ	Maricopa	85017	1	1143.01	602-542-1860	Public	NPO	Eligible	
Alamo Health Center	HWY 169 N	Magdalena	NM	Socorro	87825	10.6	9782.00	(505) 854-2626	Public	NPO	Eligible	
Albuquerque Healthcare for the Homeless	1217 1st St. NW	Albuquerque	NM	Bernalillo	87102	1.0	002700	505-242-4644	Public	NPO	Eligible	
Albuquerque Healthcare for the Homeless - Albuquerque Opportunity Center	715 Candelaria Rd NE	Albuquerque	NM	Bernalillo	87107	1.0	003400	505-344-2323	Public	NPO	Eligible	
Albuquerque Healthcare for the Homeless - Albuquerque Rescue Mission	525 2nd Street SW	Albuquerque	NM	Bernalillo	87102	1.0	001400	505-346-4673	Public	NPO	Eligible	
Albuquerque Healthcare for the Homeless - Cuidando Los Ninos	1500 Walter St NE	Albuquerque	NM	Bernalillo	87102	1.0	001300	505-843-9408	Public	NPO	Eligible	
Albuquerque Healthcare for the Homeless - Good Shepard Center	218 Iron Ave SW	Albuquerque	NM	Bernalillo	87102	1.0	001400	505-243-2527	Public	NPO	Eligible	
Albuquerque Healthcare for the Homeless - Joy Junction	4500 2nd Street SW	Albuquerque	NM	Bernalillo	87105	1.0	004001	505-877-6967	Public	NPO	Eligible	
Albuquerque Healthcare for the Homeless - Metropolitan Assessment & Treatment Services	5901 Zuni SE	Albuquerque	NM	Bernalillo	87108	1.0	000500	505-468-1555	Public	NPO	Eligible	
Albuquerque PHS Indian Hospital	801 Vassar NE	Albuquerque	NM	Bernalillo	87106	1	0018.00	(505) 248-4093	Public	NPO	Eligible	
Artesia Health Resources / PMS	1105 Memorial Drive	Artesia	NM	Eddy	88210	4	0010.00	(505) 746-9848	Public	NPO	Eligible	
ASPC Douglas	Route 191 and Airport Drive	Douglas	AZ	Cochise	85608	4	0006.00	520-364-7521	Non Public	NPO	Eligible	Corrections
ASPC Eyman	SMUII, 4374 E. Butte	Florence	AZ	Pinal	85732	4	0008.00	520-868-0201	Non Public	NPO	Eligible	Corrections
ASPC Florence	P.O. Box 3867	Florence	AZ	Pinal	85732	4	0008.00	520-868-4011	Non Public	NPO	Eligible	Corrections
ASPC Lewis	26700 S. Hwy 85, PO Box 70	Buckeye	AZ	Maricopa	85326	2	7233.02	623-386-6160	Non Public	NPO	Eligible	Corrections
ASPC Perryville	2014 N Citrus Rd	Goodyear	AZ	Maricopa	85336	2	0115.01	623-853-0304	Non Public	NPO	Eligible	Corrections
ASPC Safford	896 S. Cook Road	Safford	AZ	Graham	85548	4	9913.00	928-428-4698	Non Public	NPO	Eligible	Corrections
ASPC Tucson	10000 S. Wilmot Rd.	Tucson	AZ	Pima	85734	2	0041.06	520-574-0024	Non Public	NPO	Eligible	Corrections
ASPC Winslow	2100 South Highway 87	Winslow	AZ	Navajo	86047	7	9605.00	928-289-9551	Non Public	NPO	Eligible	Corrections
ASPC Yuma	7125 E. Juan Sanchez Blvd.	San Luis	AZ	Yuma	85349	2	0114.01	928-627-8871	Non Public	NPO	Eligible	Corrections
AZ DOC Director's Office and ADC Inmate Health Services	1601 W. Jefferson St.	Phoenix	AZ	Maricopa	85007	1	1143.01	602-542-5179	Non Public	NPO	Eligible	Corrections

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Site Name	Address	City	State	County	ZipCode	RUCA Code	Census Tract	Phone #	Public or NonPublic	NPO or For-Profit	Eligible or Not Eligible HCP	Reason
Ben Archer Health Care - Columbus	626 Taft Street	Columbus	NM	Luna	88029	5.0	000400	575-531-2172	Public	NPO	Eligible	
Ben Archer Health Care - Hatch	255 Highway 187	Hatch	NM	Dona Ana	87937	10.4	001400	575-267-3088	Public	NPO	Eligible	
Ben Archer Health Care - Truth or Consequences	1960 N. Date Street	T or C	NM	Sierra	87901	7.0	982200	575-894-7662	Public	NPO	Eligible	
Benson Hospital	450 S Ocotillo	Benson	AZ	Cochise	85602	7	0003.00	520-586-2261	Public	NPO	Eligible	
Canoncito	PO Box 3398	Canoncito	NM	Cibola	87026	2	9401.00	(505) 833-3811.	Public	NPO	Eligible	
Carlsbad Family Health Center / PMS	2013 San Jose Blvd.	Carlsbad	NM	Eddy	88220	4	0006.00	(505) 887-2455	Public	NPO	Eligible	
Carondelet Holy Cross Hospital	1171 W Target Range Rd	Nogales	AZ	Santa Cruz	85621	4	9962.00	520-285-3000	Public	NPO	Eligible	
Carondelet St Mary's Hospital	1601 W. St. Mary's Rd.	Tucson	AZ	Pima	85745	1	0044.15	520-872-3000	Public	NPO	Eligible	
Catron County Med Center / PMS	1 Foster Lane / PO Box 710	Reserve	NM	Catron	87830	10	9762.00	(505) 533-6456	Public	NPO	Eligible	
Checkerboard Area Hlth System	6349 US Highway 550	Cuba	NM	Sandoval	87013	10.4	0102.00	(505) 731-2268	Public	NPO	Eligible	
Chemehuevi Health Clinic	1970 North Palo Verde	Havasu	CA	San	92363	7	0105.00	928-669-3217	Public	NPO	Eligible	
Chinle Comprehensive Health Care	P.O. Box "PH"	Chinle	AZ	Apache	86503	7	9442.00	928-674-7001	Public	NPO	Eligible	
Cibecue Health Center	2 West 3rd Street	Cibecue	AZ	Navajo	85911	7	9401.00	928-338-3541	Public	NPO	Eligible	
Cochiti Health Clinic	P.O. Box 105	Cochiti	NM	Sandoval	87072	4	9401.00	(505) 465-3018	Public	NPO	Eligible	
College of Santa Fe / PMS	1600 St. Michael's Drive	Santa Fe	NM	Santa Fe	87505	1	0011.03	(505) 995-9550	Public	NPO	Eligible	
Copper Queen Hospital	101 Cole Dr	Bisbee	AZ	Cochise	85603	1	0011.00	520-432-5383	Public	NPO	Eligible	
Counselor Clinic / PMS	9837 US Highway 550	Counselor	NM	Sandoval	87018	10.4	0102.00	(505) 289-3291	Public	NPO	Eligible	
Crownpoint Health Care Facility	P.O. Box 358 Hwy Junction	Crownpoint	NM	McKinley	87313	10.5	9435.00	505-786-5291	Public	NPO	Eligible	
Deming Health Center	205 E. Hemlock St.	Deming	NM	Luna	88030	4	0006.00	(505) 546-4663	Public	NPO	Eligible	
Dennehotso Health Station	US 160	Dennehotso	AZ	Apache	86535	8	9426.00	602-658-3215	Public	NPO	Eligible	
Denver Indian Health and Family	3749 S King St.	Denver	CO	Arapahoe	80236	1	0055.52	(303) 781-4050	Public	NPO	Eligible	
Desert Visions Regional Treatment	198 South Skill Center Road	Sacaton	AZ	Pinal	85247	10.4	9412.00	888-431-4096	Public	NPO	Eligible	
Dilkon Health Center	Hwy 60	Dilkon	AZ	Navajo	86047	7	9447.00	928-657-3800	Public	NPO	Eligible	
Dinnebito Health Center	Highway 87	Dinnebito	AZ	Coconino	86040	9	9422.00	601-283-5011	Public	NPO	Eligible	
Duckwater Shoshone Tribe	511 Duckwater Falls Road	Duckwater	NV	Eureka	89316	10	0001.00	775-863-0222	Public	NPO	Eligible	
Dzilth Na O Dith Hle	6 Road 7586	Bloomfield	NM	San Juan	87413	2	9432.00	505-632-1801	Public	NPO	Eligible	
Early Head Start - Torrance, Moriarty	704 Union St.	Moriarty	NM	Torrance	87035	2	9632	505-832-2588	Public	NPO	Eligible	
Eastern Arizona OEH Office	674 White Mountain	Pinetop	AZ	Navajo	85935	7	9614.00	928-338-3541	Public	NPO	Eligible	
El Centro Family Health - Chama Clinic	211 North Pine	Chama	NM	Rio Arriba	87520	10.0	000500	575-756-2143	Public	NPO	Eligible	

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Site Name	Address	City	State	County	ZipCode	RUCA Code	Census Tract	Phone #	Public or NonPublic	NPO or For-Profit	Eligible or Not Eligible HCP	Reason
El Centro Family Health - Coyote Clinic	State Road 96- #3396	Coyote	NM	Rio Arriba	87012	10.0	000500	575-638-5487	Public	NPO	Eligible	
El Centro Family Health - Embudo Clinic	State Road 68, No. 2243	Embudo	NM	Rio Arriba	87531	4.0	000300	575-579-4255	Public	NPO	Eligible	
El Centro Family Health - Espanola	111 North Railroad	Espanola	NM	Rio Arriba	87532	4.0	940700	575-753-7218	Public	NPO	Eligible	
El Centro Family Health - Espanola	152 Railroad Ave	Espanola	NM	Rio Arriba	87532	4	9407.00	505-753-7218	Public	NPO	Eligible	
El Centro Family Health - Espanola	620 Coronado St.	Espanola	NM	Rio Arriba	87532	4	9407.00	505-579-4255	Public	NPO	Eligible	
El Centro Family Health - Espanola Clinic	620 Coronado Street	Espanola	NM	Rio Arriba	87532	4.0	940700	575-753-7395	Public	NPO	Eligible	
El Centro Family Health - Espanola Dental	608B La Joya	Espanola	NM	Rio Arriba	87532	4.0	940700	575-747-9454	Public	NPO	Eligible	
El Centro Family Health - Espanola Wellness Clinic	711 Bond Street	Espanola	NM	Rio Arriba	87532	4.0	940700	575-753-9503	Public	NPO	Eligible	
El Centro Family Health - Highland University Student Clinic	Baca & 9th Street	Las Vegas	NM	San Miguel	87701	4.0	957300	505-425-3218	Public	NPO	Eligible	
El Centro Family Health - La Loma Clinic	Hwy 84. Bldg. 6	Anton Chico	NM	Guadalupe	87711	7.0	961600	575-427-5036	Public	NPO	Eligible	
El Centro Family Health - Las Vegas	1235 8th Street	Las Vegas	NM	San Miguel	87701	4	9573.00	505-425-6788	Public	NPO	Eligible	
El Centro Family Health - Las Vegas	1235 8th Street	Las Vegas	NM	San Miguel	87701	4.0	957300	505-425-6788	Public	NPO	Eligible	
El Centro Family Health - Las Vegas Dental Clinic	3031 Hot Springs Blvd	Las Vegas	NM	San Miguel	87701	4.0	957800	505-425-6677	Public	NPO	Eligible	
El Centro Family Health - Penasco Clinic	15136 Highway 75	Penasco	NM	Taos	87553	4.0	952700	575-587-2204	Public	NPO	Eligible	
El Centro Family Health - Roy Clinic	858 Wagon Mound Hwy	Roy	NM	Harding	87743	10.0	000100	575-485-2583	Public	NPO	Eligible	
El Centro Family Health - San Miguel Clinic	St. Rd 3, Bldg. 2	Ribera	NM	San Miguel	87560	2.0	957700	575-421-1113	Public	NPO	Eligible	
El Centro Family Health - Springer Clinic	400 Prospect Street	Springer	NM	Colfax	87747	10.0	950700	575-483-0282	Public	NPO	Eligible	
El Centro Family Health - Truchas Clinic	State Road 76- #60	Truchas	NM	Rio Arriba	87578	4.0	000100	575-689-2461	Public	NPO	Eligible	
El Centro Family Health - Wagon Mound Clinic	604 Catron Ave	Wagon Mound	NM	Mora	87752	10.5	955200	575-666-2288	Public	NPO	Eligible	
Elko Southern Band Health Clinic	515 Shoshone Circle	Elko	NV	Elko	89801	4	9507.00	775-738-2252	Public	NPO	Eligible	
Esperanza Family Health Center	903 C 5th Street	Estancia	NM	Torrance	87016	2	9632	(505) 384-2777	Public	NPO	Eligible	

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						Code	Tract				HCP	Reason
Fallon Paiute Shoshone Tribal Health	1001 Rio Vista Drive	Fallon	NV	Churchill	89403	4	9505.00	775-423-3634	Public	NPO	Eligible	
Farmington Com Health ADMIN	608 Reilly	Farmington	NM	San Juan	87401	1	0004.01	(505) 326-9149	Public	NPO	Eligible	
Farmington Com Health Center / PMS	1001-D West Broadway	Farmington	NM	San Juan	87401	1	0004.02	(505) 326-9149	Public	NPO	Eligible	
First Choice - South Valley	2001 N. Centro Familiar Blvd	Albuquerque	NM	Bernalillo	87105	1	0040.01	(505) 873-7400	Public	NPO	Eligible	
First Choice Community Health - South Valley Health Center	2001 N. Centro Familiar SW	Albuquerque	NM	Bernalillo	87105	1.0	004502	505-873-7400	Public	NPO	Eligible	
First Choice Edgewood	8 Medical Center Rd.	Edgewood	NM	Santa Fe	87015	2	0103.06	505-261-3406	Public	NPO	Eligible	
Flagstaff Medical Center (ADHS-CRS & NACP)	1200 N. Beaver St.	Flagstaff	AZ	Coconino	86001	1	0002.00	928-779-3366	Public	NPO	Eligible	
Fort Defiance Hospital	PO BOX 649	Ft. Defiance	AZ	Apache	86505	7.4	9440.00	928-729-8000	Public	NPO	Eligible	
Fort Wingate Dental	Exit 33 State Road 400	Chinle	AZ	Apache	86503	10.5	9442.00	505-722-1440	Public	NPO	Eligible	
Ft Duchesne Health Center U & O	2 Miles South of	Ft Duchesne	UT	Uintah	84026	10.6	9402.00	435-725-6853	Public	NPO	Eligible	
Ft McDowell PIMC (Wassaja)	16240 North Ft. McDowell	Ft. Mc Dowell	AZ	Maricopa	85264	10.1	0101.00	480-836-8513	Public	NPO	Eligible	
Ft Mohave Indian Health Center	500 Merriman Street	Needles	CA	San	92363	7	0106.00	760-629-4679	Public	NPO	Eligible	
Ft Yuma Indian Hospital Service Unit	1 Indian Hill Road	Winterhaven	CA	Imperial	92283	1	0124.00	760-572-4175	Public	NPO	Eligible	
Gallup Indian Medical Center (GIMC)	516 E. Nizhoni Blvd	Gallup	NM	McKinley	87301	4	9455.00	505-722-1740	Public	NPO	Eligible	
Good Samaritan Regional Medical Ctr - Banner Health	1111 E. McDowell Road	Phoenix	AZ	Maricopa	85006	1	1132.03	602-239-2000	Public	NPO	Eligible	
Goshute Tribal Health Clinic	PO Box 6104	Ibapah	UT	Tooele	84034	10.6	1306.00	435-234-1138	Public	NPO	Eligible	
Grey Hills High School	Warrior Drive	Tuba City	AZ	Coconino	86045	2	9445.00	928-283-6271	Public	NPO	Eligible	
Guadeloupe Tribal Health Clinic	9405 South Avenida De	Guadeloupe	AZ	Maricopa	85283	1	3199.1	520-879-5813	Public	NPO	Eligible	
Havasupai Clinic	South of Grand Canyon	Supai	AZ	Coconino	86435	10.4	0019.00	928-669-3217	Public	NPO	Eligible	
Head Start - San Juan, Aztec	805 Maddox Ave	Aztec	NM	San Juan	87410	1	0006.01	505-334-8541	Public	NPO	Eligible	
Head Start - San Juan, Bloomfield	310 La Jara St.	Bloomfield	NM	San Juan	87413	2	0007.03	505-634-3843	Public	NPO	Eligible	
Head Start - San Juan, Cottonwood	5888 Highway 4	Farmington	NM	San Juan	87401	1	9432.00	505-632-7887	Public	NPO	Eligible	
Head Start - San Juan, Kirtland	5 Road 6575	Kirtland	NM	San Juan	87417	1	0005.02	505-598-0113	Public	NPO	Eligible	
Head Start - Sandoval -Cuba	50 County Road	Cuba	NM	Sandoval	87013	10.4	9433.00	505-289-3211	Public	NPO	Eligible	
Head Start - Sandoval, Bernalillo	100 Ricardo Lane	Bernalillo	NM	Sandoval	87004	1	0105.03	505-771-0647	Public	NPO	Eligible	
Head Start - Sandoval, Pena Blanca	P.O. Box 1398, No. 778	Pena Blanca	NM	Sandoval	87041	2	9401.00	505-465-2092	Public	NPO	Eligible	
Head Start - Sandoval, Rio Rancho	32 Unser Blvd	Rio Rancho	NM	Sandoval	87124	1	0107.12	505-891-5162	Public	NPO	Eligible	
Head Start - Santa Fe, Arroyo Seco	1840 N. Highway 285	Espanola	NM	Santa Fe	87506	2	0011.03	505-747-3353	Public	NPO	Eligible	
Head Start - Santa Fe, Chimayo	State Rd. 98, #205A	Chimayo	NM	Rio Arriba	87522	4	0001.00	505-351-2266	Public	NPO	Eligible	
Head Start - Santa Fe, Manderfield	1150 Canyon Rd.	Santa Fe	NM	Santa Fe	87501	1	0005.00	505-982-4484	Public	NPO	Eligible	

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Head Start - Santa Fe, Nambe	State Rd. 503 #189	Nambe	NM	Santa Fe	87506	2	0102.01	505-455-3151	Public	NPO	Eligible	
Head Start - Santa Fe, Sweeney	501 Airport Rd	Santa Fe	NM	Santa Fe	87507	1	0012.01	505-474-5244	Public	NPO	Eligible	
Head Start - Santa Fe, Valle Vista	08 Las Lomas Dr	Santa Fe	NM	Santa Fe	87508	2	0103.08	505-424-4438	Public	NPO	Eligible	
Head Start - Torrance, Estancia	600 Tenth Street	Estancia	NM	Torrance	87016	2	9634.00	505-384-2302	Public	NPO	Eligible	
Head Start - Torrance, Moriarty	615 Union St.	Moriarty	NM	Torrance	87035	2	9632	505-832-2588	Public	NPO	Eligible	
Head Start - Torrance, Mountainair	109 Sunset	Mountainair	NM	Torrance	87036	10.4	9635.00	505-847-0547	Public	NPO	Eligible	
Head Start /Early H S-Farmington,	900 S Carlton Ave	Farmington	NM	San Juan	87401	1	0001.00	505-327-7940	Public	NPO	Eligible	
Head Start /Early H S-Santa Fe, Tierra	3908 Paseo del Sol	Santa Fe	NM	Santa Fe	87507	1	0013.00	505-438-4165	Public	NPO	Eligible	
Hidalgo Medical Services - Lordsburg	530 DeMoss St	Lordsburg	NM	Hidalgo	88045	7.0	988200	575-542-8384	Public	NPO	Eligible	
HMS - Lordsburg	500 Demoss St	Lordsburg	NM	Hildago	88045	7	9882.00	505-542-8384	Public	NPO	Eligible	
HMS - Silver City	114 W 11th St.	Silver City	NM	Grant	88061	4	9844.00	505-388-1511	Public	NPO	Eligible	
Holy Cross Hospital	1397 Weimer Road	Taos	NM	Taos	87571	4	9527.00	575-758-8883	Public	NPO	Eligible	
Hopi Guidance Center	Toreva Road	Second Mesa	AZ	Navajo	86043	10	9410.00	928-737-6050	Public	NPO	Eligible	
Hopi Health Care Center Service Unit	Mile Marker 388, Highway	Polacca	AZ	Navajo	86042	10	9410.00	928-737-6050	Public	NPO	Eligible	
Hu Hu Kam Memorial Hospital Gila	Skill Center Road & Seed	Sacaton	AZ	Pinal	85247	10.4	9411.00	602-528-1288	Public	NPO	Eligible	
Ignacio PHS Indian Health Center	P.O. Box 889	Ignacio	CO	La Plata	81137	10.5	9403.00	(970) 563-4581	Public	NPO	Eligible	
IHS - ABQ Admin	2301 Crerry Tree Lane	Albuquerque	NM	Bernalillo	87105	1	0037.34	(505) 873-0651	Public	NPO	Eligible	
IHS - Dulce	12000 Stone Lake Rd.	Dulce	NM	Rio Arriba	87528	10	0006.00	505-248-4106	Public	NPO	Eligible	
Inscription House Health Center	P.O. Box 7379	Shonto	AZ	Coconino	86045	7.3	9445.00	928-672-3049	Public	NPO	Eligible	
Isleta Health Clinic	P.O. Box 580	Isleta	NM	Bernalillo	87022	1	9402.00	(505) 869-3200	Public	NPO	Eligible	
Jemez Health Clinic	P.O Box 256	Jemez	NM	Sandoval	87024	2	0101.02	(505) 834-7413	Public	NPO	Eligible	
Jemez Springs Clinic / PMS	8372 Highway 4	Jemez Pueblo	NM	Sandoval	87024	2	0101.01	(505) 834-0802	Public	NPO	Eligible	
Jicarilla Service Unit	P O BOX 187	Dulce	NM	Rio Arriba	87528	10	0006.00	(505) 759-3291	Public	NPO	Eligible	
Kayenta Health Center	P.O. Box 368	Chinle	AZ	Navajo	86033	7	9425.00	928-697-4232	Public	NPO	Eligible	
La Casa Family Health - Clovis Clinic	1521 West 13th Street	Clovis	NM	Curry	88101	4.0	000202	575-769-0888	Public	NPO	Eligible	
La Casa Family Health - Portales Clinic	1515 West Fir	Portales	NM	Roosevelt	88130	4.0	000200	575-356-6695	Public	NPO	Eligible	
La Casa Family Health - Roswell Clinic	1511 Grand Street	Roswell	NM	Chaves	88201	4.0	000300	575-623-3255	Public	NPO	Eligible	
La Casa Family Health - Roswell Pediatric Clinic	200 W. Wilshire Blvd, Suite A	Roswell	NM	Chaves	88201	4.0	001000	575-623-3255	Public	NPO	Eligible	

Appendix A: SWTAG Sites, First Quarter 2008

Site Name	Address	City	State	County	ZipCode	RUCA Code	Census Tract	Phone #	Public or NonPublic	NPO or For-Profit	Eligible or Not Eligible HCP	Reason
La Clinica de Familia, Inc. - Las Cruces	1100 South Main Street	Las Cruces	NM	Dona Ana	88005	1.0	000600	575-526-1100	Public	NPO	Eligible	
La Clinica Del Pueblo de Rio Arriba Health Center	Hwy. US 84, CR324, House 14	Tierra Amarilla	NM	Rio Arriba	87575	10.0	000500	575-588-7252	Public	NPO	Eligible	
La Comunidad de los Ninos	1121 Alto St	Santa Fe	NM	Santa Fe	87501	1	0008.00	505-820-1610	Public	NPO	Eligible	
La Familia Medical Center - Alto Street	1035 Alto Street	Santa Fe	NM	Santa Fe	87501	1.0	000800	505-982-4599	Public	NPO	Eligible	
La Familia Medical Center - Healthcare for the Homeless	818 Camino Sierra Vista	Santa Fe	NM	Santa Fe	87505	1.0	000700	505-988-1742	Public	NPO	Eligible	
La Familia Medical Center - Southside Center	2145 Caja del Oro Grant Road	Santa Fe	NM	Santa Fe	87501	1.0	001202	505-438-3195	Public	NPO	Eligible	
Las Clinicas Del Norte - Abiquiu Clinic	Hwy. 84 #185	Abiquiu	NM	Rio Arriba	87510	10.5	000400	575-685-4479	Public	NPO	Eligible	
Las Clinicas Del Norte - El Rito	St. Rd 571, Bldg. 28	El Rito	NM	Rio Arriba	87530	10.5	000400	575-581-4728	Public	NPO	Eligible	
Las Clinicas Del Norte - Ojo Caliente Clinic	Hwy. 285 # 35282	Ojo Caliente	NM	Taos	87549	5.0	952300	575-583-2191	Public	NPO	Eligible	
Las Vegas Paiute Tribe Health & LCDF - Anthony	6 Paiute Drive	Las Vegas	NV	Clark	89106	1	0004.00	702-386-3926	Public	NPO	Eligible	
	855 N Main	Anthony	NM	Dona Ana	88021	1	0018.03	(505) 882-5706	Public	NPO	Eligible	
LCDF Admin - Las Cruces	1100 South Main	Las Cruces	NM	Dona Ana	88005	1	0006.00	(505) 526-1105	Public	NPO	Eligible	
LCDF Chaparral	510 Lisa	Chaparral	NM	Dona Ana	88081	2	0018.04	(505) 824-0820	Public	NPO	Eligible	
LCDF East Mesa - Las Cruces	8600 Batan Memorial East	Las Cruces	NM	Dona Ana	88011	1	0012.01	(505) 373-9202	Public	NPO	Eligible	
Leupp Health Station	Hwy 15 (Leupp Schools)	Leupp	AZ	Coconino	86035	8	9445.00	928-686-6567	Public	NPO	Eligible	
Little Feet CDC	375 Sky View Mesa #86A	Farmington	NM	San Juan	87401	1	9432.00	505-327-6885	Public	NPO	Eligible	
Logan Family Health Center / PMS	600 Gallegos Street	Logan	NM	Quay	88426	10.6	9585.00	(505) 487-5488	Public	NPO	Eligible	
Loving Health Center / PMS	602 S. 4th Street	Loving	NM	Eddy	88256	5	0008.00	(505) 745-3573	Public	NPO	Eligible	
Lowell Elementary School	1121 S. Third Ave.	Phoenix	AZ	Maricopa	85003	1	1149.00	602-257-3904	Public	NPO	Eligible	
Magdalena Area Health Center / PMS	801 Tenth Street	Magdalena	NM	Socorro	87825	10.6	9782.00	(505) 854-3162	Public	NPO	Eligible	
Maricopa Medical Center	2601 E. Roosevelt	Phoenix	AZ	Maricopa	85016	1	1134.00	602-344-5011	Public	NPO	Eligible	
Mariposa Community Health Center	1852 N. Mastick Way	Nogales	AZ	Santa Cruz	85621	4	9964.01	520-281-1550	Public	NPO	Eligible	
McDermitt Tribal Health Center	112 North Reservation Road	McDermitt	NV	Mineral	89420	8	9704.00	775-784-5327	Public	NPO	Eligible	
Mescalero PHS Indian Hospital	PO BOX 210	Mescalero	NM	Otero	88340	10.6	0008.00	(505) 464-4441	Public	NPO	Eligible	
Moapa Community Health Service	10 Lincoln Street	Moapa	NV	Nye	89020	10	9805.00	702-865-2700	Public	NPO	Eligible	

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Mora Valley Community Health Services - Mora Valley Medical Center	Highway 518- Mile Marker 26	Mora	NM	Mora	87732	10.5	955200	575-387-2201	Public	NPO	Eligible	
Mountainair Family Health Center /	105 East Pinon Street	Mountainair	NM	Torrance	87036	10.4	9635.00	(505) 847-2211	Public	NPO	Eligible	
NACA Family Health Center	1500 E. Cedar Ave., Suite 26	Flagstaff	AZ	Coconino	86004	1	0002.00	928-773-1245	Public	NPO	Eligible	
NACA Health Center	1500 E. Cedar Ave., Suite 26	Flagstaff	AZ	Coconino	86004	1	0002.00	928-773-1245	Public	NPO	Eligible	
Nahata'dziil (Sanders) Clinic	PO BOX 125 (Chiihto Blvd.)	Sanders	AZ	Apache	86515	10.4	9451.00	928-688-5600	Public	NPO	Eligible	
Native American Cardiology Program	1215 N. Beaver Street, Suite	Flagstaff	AZ	Coconino	86004	1	0002.00	602-779-6734	Public	NPO	Eligible	
New Mexico Health Choice Network	9064 NW 13 Terrace	Miami	FL	Dade	33172	1.0	009010	305-599-1015	Non-Public	NPO	Eligible	Data Center
New Mexico Health Choice Network	4206 Louisiana Blvd NE	Albuquerque	NM	Bernalillo	87109	1.0	003707	505-880-8882	Public	NPO	Eligible	
Newe Health Clinic	400"A" Newe View	Ely	NV	White Pine	89301	7	9702.00	775-289-4133	Public	NPO	Eligible	
NM Technet - ABQ (SBIRT Site)	5921 Jefferson NE	Albuquerque	NM	Bernalillo	87109	1	0037.34	505-247-1345	Public	NPO	Eligible	
Northern Arizona Behavioral Health Authority (NARBHA)	1300 S. Yale Street	Flagstaff	AZ	Coconino	86004	1	0011.00	928-214-2163	Public	NPO	Eligible	
Northern Navajo Medical Center	US HWY 491	Shiprock	NM	San Juan	87420	7.3	9429.00	505-368-5181	Public	NPO	Eligible	
Ojo Encino Clinic / PMS	#2 Ojo Encino Rd	Cuba	NM	Sandoval	87013	10.4	9433.00	(505) 731-2284	Public	NPO	Eligible	
Ortiz Mountain Health Center / PMS	08A Main Street	Cerrillos	NM	Santa Fe	87010	2	0103.06	505-471-6266	Public	NPO	Eligible	
Owyhee Hospital Tribal Health	Highway 225	Owyhee	NV	Elko	89831	10.5	9506.00	775-757-2403	Public	NPO	Eligible	
PAIHS Phoenix Area Office	40 N. Central Ave. #605	Phoenix	AZ	Maricopa	85004	1	1141.00	602-364-5276	Public	NPO	Eligible	
Paiute Indian Tribe of Utah	440 North Paiute Drive	Cedar City	UT	Iron	84720	4	1105.00	435-586-1112	Public	NPO	Eligible	
Parker Indian Hospital IHS Service	Agency Road	Parker	AZ	La Paz	85344	7	0205.00	928-669-3217	Public	NPO	Eligible	
Pasqua Yaqui Contract Health Service	300 West Congress Street	Tucson	AZ	Pima	85701	1	0001.00	520-295-2568	Public	NPO	Eligible	
Pasqua Yaqui Health Center	7490 S. Camino de Oeste	Tucson	AZ	Pima	85746	1	0051.00	520-883-5020	Public	NPO	Eligible	
Payson Regional Medical Center	807 S. Ponderosa	Payson	AZ	Gila	85541	10	0005.00	928-472-1268	Public	Profit	Ineligible	
Peach Springs Health Center	943 Hualapai Way	Peach Springs	AZ	Coconino	86434	5	9404.00	928-669-3217	Public	NPO	Eligible	
Pecos Valley Medical Center	521 Hwy. 50	Pecos	NM	San Miguel	87552	2.0	957600	575-757-6366	Public	NPO	Eligible	
Pecos Valley Medical Center	PO Box 710	Pecos	NM	San Miguel	87552	2	9576.00	505-753-7218	Public	NPO	Eligible	
Phoenix Area Office	40 North Central Avenue	Phoenix	AZ	Maricopa	85004	1	1141.00	602-364-5280	Public	NPO	Eligible	
Phoenix Indian Medical Center	4212 North 16th Street	Phoenix	AZ	Maricopa	85016	1	1086.02	602-263-1200	Public	NPO	Eligible	
Pima County Adult Detention Center	1300 W. Silverlake Rd.	Tucson	AZ	Pima	85713	1	0025.01	520-547-8176	Non Public	NPO	Eligible	Corrections
Pima County Ajo Jail	1249 N Well Rd	Ajo	AZ	Pima	85321	7	0050.00	520-547-8539	Non Public	NPO	Eligible	Corrections
PIMC Aztec Building	1616 East Indian School	Phoenix	AZ	Maricopa	85016	1	1085.00	602-263-1200	Public	NPO	Eligible	
Pine Hill Indian Health	P.O. Box 310	Pine Hill	NM	McKinley	87328	9.2	9438.00	(505) 775-3271	Public	NPO	Eligible	

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Site Name	Address	City	State	County	ZipCode	RUCA Census		Phone #	Public or NonPublic	NPO or For-Profit	Eligible or Not Eligible	
						Code	Tract				HCP	Reason
Pinon Health Center	Navajo Route 4	Pinon	AZ	Navajo	86510	10	9444.00	602-725-3220	Public	NPO	Eligible	
PMS Western Medical Group	1217 Bonita	Grants	NM	Cibola	87020	4	9742.01	505-287-2958	Public	NPO	Eligible	
PMS/ Gallup Teen Health	1055 Rico St	Gallup	NM	McKinley	87301	4	9452.00	(505) 863-3821	Public	NPO	Eligible	
PMS/ The Mustang Health	901 W. 3rd St	Mountainair	NM	Torrance	87036	10.4	9635.00	(505) 847-2271	Public	NPO	Eligible	
PMS/ Carlsbad School Based	3000 N. Church	Carlsbad	NM	Eddy	88220	4	0007.00	(505) 234-3319	Public	NPO	Eligible	
Public Health - Raton	226 E 4th. Ave	Raton	NM	Colfax	87740	7	9505.00	505-445-3601	Public	NPO	Eligible	
Public Health - Taos	1499 Weimer Road	Taos	NM	Taos	87571	4	9527.00	505-758-2073	Public	NPO	Eligible	
Pueblo Pintado Health Center	BIA Rd. 9	Pueblo	NM	McKinley	87313	10.4	9435.00	505-655-3301	Public	NPO	Eligible	
Pyramid Lake Tribal Health Center	705 Highway 446	Nixon	NV	Washoe	89424	2	9401.00	775-574-1018	Public	NPO	Eligible	
Quay County Primary Care / PMS	1302 East Main Street	Tucumcari	NM	Quay	88401	7	9586	(505) 461-2200	Public	NPO	Eligible	
Quemado Clinic / PMS	Lopez Ave.	Quemado	NM	Catron	87829	10	9762.00	(505) 773-4610	Public	NPO	Eligible	
Questa Health Center / PMS	2573 State Highway 522	Questa	NM	Taos	87556	10.2	9521.00	(505) 586-0331	Public	NPO	Eligible	
Reno/Sparks Health & Human Service	Reservation Road	Reno	NV	Washoe	89502	1	0021.03	775-329-5162	Public	NPO	Eligible	
Rio Rancho Family Health Center	1424 Deborah SE Suite 101	Rio Rancho	NM	Sandoval	87124	1	0107.16	(505) 896-0928	Public	NPO	Eligible	
Rock Point Health Station	US 191	Rock Point	AZ	Apache	86545	10.6	9427.00	602-659-4282	Public	NPO	Eligible	
Sacramento Mountain Medical / PMS	102 Highway 82	Cloudcroft	NM	Otero	88317	2	0009.00	(505) 682-2542	Public	NPO	Eligible	
Sage Memorial Hospital	Route 264 and US 191 South	Ganado	AZ	Apache	86505	10	9449.00	928-755-3411	Non Public	NPO	Eligible	
Salt River Clinic	10005 East Osborn Road	Scottsdale	AZ	Maricopa	85256	1	0202.02	602-263-1200	Public	NPO	Eligible	
San Carlos Hospital Service Unit	Cibecue Circle	San Carlos	AZ	Graham	85550	8	9405.00	928-475-2371	Public	NPO	Eligible	
San Felipe Health Clinic	P.O. Box 4344	San Felipe	NM	Sandoval	87001	2	0103.02	(505) 867-6527	Public	NPO	Eligible	
San Juan County Adolescent RTC	851 Andrea Drive Suite 4,	Farmington	NM	San Juan	87402	1	0006.06	(505) 564-4804	Public	NPO	Eligible	
San Simon Indian Health Center	Tucson-Ajo Highway 86	San Simon	AZ	Pima	85632	10.6	9407.00	520-383-7000	Public	NPO	Eligible	
San Xavier Indian Health Center	7900 S. J. Stock Rd.	Tucson	AZ	Pima	85746	1	9409.00	520-295-2406	Public	NPO	Eligible	
Sandia Health Clinic	P.O. Box 6008	Bernalillo	NM	Sandoval	87004	1	9404.00	(505) 867-4487	Public	NPO	Eligible	
Sangre de Cristo Health Partnership	1441 S. St. Francis Dr.	Santa Fe	NM	Santa Fe	87505	1	0010.01	505-983-8011	Public	NPO	Eligible	
Santa Ana Health Clinic	P.O. Box 37	Bernalillo	NM	Sandoval	87004	1	0105.02	(505) 867-2497	Public	NPO	Eligible	
Santa Clara Health Center	RR5, Box 446	Espanola	NM	Rio Arriba	87532	4	9408.00	(505) 753-5039	Public	NPO	Eligible	
Santa Fe Community Guidance	820 Paseo de Peralta	Santa Fe	NM	Santa Fe	87505	1	0004.00	(505) 986-9633	Public	NPO	Eligible	
Santa Fe PHS Indian Health	1700 Cerrillos Rd.	Santa Fe	NM	Santa Fe	87501	1	0010.02	(505) 983-6243	Public	NPO	Eligible	
Santa Rosa Indian Health Center	Star Route, Box 71	Sells	AZ	Pima	85634	10.4	9406.00	520-361-2261	Public	NPO	Eligible	
Santo Domingo Health Center	P O Box 340	Santo Domingo	NM	Sandoval	87052	2	9402.00	(505) 465-2996	Public	NPO	Eligible	
Schurz Service Unit	2 Hospital Road	Schurz	NV	Mineral	89427	6	9402.00	775-784-5327	Public	NPO	Eligible	

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Scottsdale Healthcare	9003 E. Shea Boulevard	Scottsdale	AZ	Maricopa	85260	1	2168.10	480-323-3000	Public	NPO	Eligible	
Sells Indian Hospital	P.O. Box 548	Sells	AZ	Pima	85634	10.4	9408.00	520-383-7200	Public	NPO	Eligible	
SF Community Guidance Center	820 Paseo de Peralta Suite	Santa Fe	NM	Santa Fe	87501	1	0004.00	(505) 986-9633	Public	NPO	Eligible	
SF Community Guidance Center/ Care	2052 Galisteo St.	Santa Fe	NM	Santa Fe	87504	1	0011.02	(505) 473-6574	Public	NPO	Eligible	
Sierra Vista Regional Health Center	300 El Camino Real	Sierra Vista	AZ	Cochise	85635	4	0016.00	520-458-2300	Public	NPO	Eligible	
SIPI Dental Clinic	P.O. Box 67830	Albuquerque	NM	Bernalillo	87193	1	0047.23	(505) 346-2306	Public	NPO	Eligible	
Socorro Community Health Center /	1300 Enterprise	Socorro	NM	Socorro	87801	7	9781.00	(505) 835-4444	Public	NPO	Eligible	
South Central Colfax	615 Prospect Ave	Springer	NM	Colfax	87747	10	9507.00	(505) 483-2443	Public	NPO	Eligible	
Southeast Arizona Medical Center	2174 Oak Ave	Douglas	AZ	Cochise	85607	4	0006.00	520-364-7931	Non Public	NPO	Eligible	
Southern Colorado Ute Service Unit	P.O. Box 778	Ignacio	CO	La Plata	81137	10.5	9403.00	(970) 563-4581	Public	NPO	Eligible	
Sparks OEH	1395 Greg Street, Suite 101	Sparks	NV	Washoe	89431	1	0031.01	775-784-5327	Public	NPO	Eligible	
St Elizabeth of Hungary Clinic	140 W. Speedway Blvd.	Tucson	AZ	Pima	85705	1	0003.00	520-628-7871	Public	NPO	Eligible	
St. Joseph's Hosp. & Med. Ctr & ADHS-CRS	350 W. Thomas Rd.	Phoenix	AZ	Maricopa	85013	1	1105.00	602-406-3000	Public	NPO	Eligible	
Taos PHS Indian Health Center	P.O. Box 1956	Taos	NM	Taos	87571	4	9524.00	(505) 758-4224	Public	NPO	Eligible	
Teec Nos Pos Health Station	US 160 & US 164	Teec Nos Pos	AZ	Apache	86514	10.4	9427.00	602-656-3294	Public	NPO	Eligible	
Teen Health Center, SF High School	2100 Yucca Road Bldg F-	Santa Fe	NM	Santa Fe	87505	1	0011.07	(505) 467-1081	Public	NPO	Eligible	
Thoreau Clinic	15 Navarre St	Thoreau	NM	McKinley	87323	10.5	9460.00	505-862-7417	Public	NPO	Eligible	
Toadlena Health Station	P.O. Box 160 Hwy.491	Toadlena	NM	San Juan	87419	10.5	0007.03	505-722-9411	Public	NPO	Eligible	
Tohatchi Health Center	PO Box 142	Tohatchi	NM	McKinley	87325	5	9437.00	505-733-2244	Public	NPO	Eligible	
Torreon Clinic / PMS	2500 Highway 197	Cuba	NM	Sandoval	87013	10.4	9433.00	(505) 289-3291	Public	NPO	Eligible	
Totah Behavioral Health Authority /	1615 Ojo Ct.	Farmington	NM	San Juan	87401	1	9432.00	(505) 324-5855	Public	NPO	Eligible	
Towaoc PHS Indian Health Center	General Delivery	Towaoc	CO	Montezuma	81334	10.3	9410.00	(970) 565-4441	Public	NPO	Eligible	
Tsaile Health Center	P.O. Box 467	Tsaile	AZ	Apache	86556	10.6	9441.00	928-724-3600	Public	NPO	Eligible	
Tuba City – Cameron Chapter House	Highway 89	Cameron	AZ	Coconino	86020	2	9445.00	928-679-2323	Non Public	NPO	Eligible	
Tuba City – Tonalea Chapter House	Highway 160	Tonalea	AZ	Coconino	86044	3	9411.00	928-283-3430	Non Public	NPO	Eligible	
Tuba City High School	Warrior Drive	Tuba City	AZ	Coconino	86045	2	9445.00	928-283-1045	Public	NPO	Eligible	
Tuba City Indian Medical Center	P.O. Box 600, 167 North	Tuba City	AZ	Coconino	86045	7.3	9445.00	928-283-2501	Public	NPO	Eligible	
Tuba City Regional Health Care Corp	167 N. Main St	Tuba City	AZ	Coconino	86045	2	9445.00	928-283-2501	Public	NPO	Eligible	
Tucson Heart Hospital	4888 N. Stone Ave.	Tucson	AZ	Pima	85704	1	0047.10	520-696-2328	Public	NPO	Eligible	
Tucson Indian Center	97 East Congress Street	Tucson	AZ	Pima	85701	1	0001.00	520-884-7131	Public	NPO	Eligible	
Tucson Med. Ctr – Children's Clinics ADHS-CRS	2600 N. Wyatt Dr.	Tucson	AZ	Pima	85712	1	0029.04	520-324-3340	Public	NPO	Eligible	

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Site Name	Address	City	State	County	ZipCode	RUCA Code	Census Tract	Phone #	Public or NonPublic	NPO or For-Profit	Eligible or Not Eligible HCP	Reason
Tularosa Medical Center / PMS	111 Central Avenue	Tularosa	NM	Otero	88352	5	0007.00	(505) 585-1250	Public	NPO	Eligible	
UPH Alvernon Clinic	707 N. Alvernon Way	Tucson	AZ	Pima	85711	1	0032.00	520-322-3800	Public	NPO	Eligible	
UPH Hospital at Kino	2800 E. Ajo Way	Tucson	AZ	Pima	85713	1	0041.05	520-874-2000	Public	NPO	Eligible	
Verde Valley Medical Center	269 S. Candy Lane	Cottonwood	AZ	Yavapai	86326	4	0020.00	928-639-6000	Non Public	NPO	Eligible	
Washoe Tribal Health Clinic	1559 Watasheamu Rd.	Garderville	NV	Douglas	89460	4.2	0005.02	775-265-4215	Public	NPO	Eligible	
Western Area District Office OEH	10631 South 51st Street	Phoenix	AZ	Maricopa	85044	1	1167.1	480-592-0091	Public	NPO	Eligible	
White Mountain Regional Medical Ctr	118 S. Mountain Avenue	Springerville	AZ	Apache	85938	7	9704.00	928-333-4368	Public	NPO	Eligible	
WhiteRiver Service Unit	State Route 73 @ mile	Whiteriver	AZ	Navajo	85941	7	9403.00	928-338-3541	Public	NPO	Eligible	
Wingate	PO Box 1337	Gallup	NM	McKinley	87305	2	9455.00	(505) 722-1000	Public	NPO	Eligible	
Winslow Health Center	P.O. Drawer 40, 500 N. Indiana	Winslow	AZ	Navajo	86047	7	9606.00	928-289-4646	Public	NPO	Eligible	
WNMMG Behavioral Health Gallup /	2025 East Aztec	Gallup	NM	McKinley	87301	4	9455.00	(505) 863-3120	Public	NPO	Eligible	
WNMMG Gallup Clinic / PMS	610 N. 5th Street	Gallup	NM	McKinley	87301	4	9453.00	(505) 862-7417	Public	NPO	Eligible	
WNMMG Grants Clinic / PMS	1217 Bonita Ave	Grants	NM	Cibola	87020	4	9742	(505) 862-7417	Public	NPO	Eligible	
WNMMG Thoreau Health Care / PMS	18 Navarre Blvd.	Thoreau	NM	McKinley	87323	10.5	9460.00	(505) 862-7417	Public	NPO	Eligible	
Yavapai Apache Health Center	2121 West Reservation Loop	Camp Verde	AZ	Yavapai	86322	10.5	0016.00	602-263-1200	Public	NPO	Eligible	
Yerington Paiute Tribal Clinic	171 Campbell Lane	Yerington	NV	Lyon	89447	7	9607.00	775-463-3335	Public	NPO	Eligible	
Ysleta del Sur	PO Box 17579	El Paso	TX	El Paso	79907	1	0040.02	(915) 859-7913	Public	NPO	Eligible	
Yuma Regional Med. Center ADHS-CRS	2400 Avenue A	Yuma	AZ	Yuma	85364	1	0010.00	928-344-2000	Public	NPO	Eligible	
Zia Health Clinic	155 Capital Square	Zia	NM	Sandoval	87053	2	0101.01	(505) 867-5258	Public	NPO	Eligible	
Zuni Community Health Center	P.O. Box 467	Zuni	NM	McKinley	87327	5	9404.00	505-728-5723	Public	NPO	Eligible	
Zuni PHS Indian Hospital	PO Box 467	Zuni	NM	McKinley	87327	5	9404.00	(505) 782-4431	Public	NPO	Eligible	

SWTAG Overall Project Timeline, First Quarter 2008

ID	Task Name	Start	Finish	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	Apr 10	May 10	Jun 10
1	RFP Development & Form 465 Preparation	1/23/2008	12/31/2008																													
2	Network Design Studies	1/5/2009	3/31/2009																													
3	Network Modeling Layer 1	3/25/2009	5/29/2009																													
4	Layer 1 Simulations	6/1/2009	8/31/2009																													
5	Network Model Layer 2 & 3	9/1/2009	11/30/2009																													
6	Layer 2 & 3 Simulations	12/1/2009	12/24/2009																													
7	Disaster/Emergency Simulations	1/4/2010	1/29/2010																													
8	Initial Network Design Finalized	4/1/2009	4/1/2009																													
9	Competitive Bid Process	1/5/2009	2/27/2009																													
10	NMNLNOC's Expansion	8/3/2009	2/26/2010																													
11	NMNLN Dark Fiber Purchases	8/3/2009	9/30/2009																													
12	Connect Las Cruces to El Paso NLR	10/5/2009	12/31/2009																													
13	Install Southeast Fiber Path	6/1/2009	10/30/2009																													
14	NMNLN Equipment Install	6/1/2009	12/31/2009																													
15	Integrate NLR, I2, CHECS network	6/1/2009	11/30/2009																													
16	NAIHS Upgrade Core and Edge Routers	1/5/2009	3/17/2009																													
17	NAIHS Existing/New Connectivity Upgrades	6/1/2009	1/29/2010																													
18	NAIHS Interface with NLR	6/1/2009	9/30/2009																													
19	PAIHS Upgrade to 3 DS3 Connections	6/1/2009	7/31/2009																													
20	PAIHS Interface with NLR	6/1/2009	9/30/2009																													
21	TAIHS New Hardware/Upgrades	6/1/2009	7/31/2009																													
22	TAIHS New Connections/Upgrades	8/1/2009	6/30/2010																													
23	TAIHS Interface with NLR	6/1/2009	9/30/2009																													
24	AAIHS Router Upgrades	1/5/2009	3/2/2009																													
25	AAIHS AAO Interface with NLR	6/1/2009	10/16/2009																													
26	PMS New/Upgraded Connections	3/2/2009	11/15/2009																													
27	Sangre New & Upgraded Connections	6/1/2009	9/30/2009																													
28	HCH New/Upgraded Connections	1/5/2009	6/30/2010																													
29	ATP Upgrade Core/Edge Routers and Firewall	11/1/2008	4/30/2010																													
30	NMPCA New Hardware/Upgrades	7/1/2008	2/13/2009																													
31	NMPCA New Connections/Upgrades	7/1/2008	4/27/2009																													
32	Finalized Layer 1,2,3 Model	2/1/2010	2/26/2010																													
33	Final Recommendations from Model Team	3/1/2010	3/31/2010																													

**Appendix C: SWTAG Health Services Application Matrix**

	UNM CfTH & Associated Programs	Alb. Area Indian Hlth. Ser.	Navajo Area Indian Hlth. Ser.	Phoenix Area Indian Hlth. Ser.	Tucson Area Indian Hlth. Ser.	Arizona TM Program	Holy Cross Hospital	PMS	Sangre de Cristo	NM Primary Care Associates
<b>Asthma Clinics</b>	Current									
<b>Autism</b>	Pending	Pending	Pending	Pending	Pending	Pending		Pending		
<b>Behavioral Mental Hlth</b>	Current	Current	Current	Current	Pending	Current		Current	Current	
<b>Cancer Tumor Boards &amp; Patient Services</b>	Pending	Pending	Pending	Current	Pending	Current		Pending		
<b>Cardiology</b>	Current	Current	Current	Current	Current	Current	Pending	Pending		
<b>CME/CU/Distant Learning</b>	Current	Current	Current	Current	Current	Current		Pending		
<b>Correctional Med.</b>	Current					Current				
<b>CTSC Com. Based Research</b>	Pending	Pending	Pending	Pending	Pending	Pending		Pending		
<b>Dermatology</b>	Pending	Pending	Pending	Pending	Pending	Current		Pending		
<b>Devel. &amp; Disabilities Consults &amp; Training</b>	Current	Pending	Pending	Pending	Pending	Current	Current	Pending		
<b>Disaster Response/Homeland Security</b>	Current	Current	Pending	Pending	Pending	Current	Pending	Pending		
<b>Ethics Clinic</b>	Current									
<b>Geriatric Ed. &amp; Training</b>	Current	Pending	Current	Pending	Pending	Current		Pending		
<b>Interpreter Serv. &amp; Programs for the Deaf</b>	Pending	Pending	Pending	Pending	Pending	Current		Pending		
<b>Hepatitis C</b>	Current	Current	Pending	Pending	Pending	Current		Pending		Current
<b>High Risk Pregnancy</b>	Current									
<b>HIV/AIDS Clinic</b>	Current									
<b>Home Hlth. Care</b>	Pending	Pending	Current	Current	Current	Current				
<b>Neonatal ICU family visitations</b>	Current	Pending	Pending	Pending	Pending	Current				
<b>Nephrology</b>	Pending	Current	Pending	Pending	Pending	Current		Pending		
<b>Neurology</b>	Pending	Pending	Current	Pending	Pending	Current		Pending		
<b>Neurosurgery Consul. &amp; Triage</b>	Current		Pending			Pending				
<b>Oral Dental Hlth.</b>	Pending	Pending	Pending	Pending	Pending	Current		Pending		
<b>Ophthalmology</b>	Pending	Current	Current	Current	Current	Current		Pending		
<b>Orthopedics</b>	Pending	Pending	Current	Pending	Pending	Current		Pending		
<b>Palliative Care</b>	Current	Pending	Pending	Pending	Pending	Current		Pending		
<b>Pathology</b>	Pending					Current				
<b>PTSD Support</b>	Pending	Pending	Pending	Pending	Pending	Pending		Pending		
<b>Radiology</b>	Pending	Current	Current	Current	Current	Current	Current	Pending		
<b>Rehabilitation</b>	Current	Pending	Pending	Pending	Pending	Current		Pending		

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<b>Rheumatology Clinic</b>	Current									
<b>School Based Hlth.</b>	Current	Current	Current	Pending	Pending	Current	Pending	Pending	Pending	Current
<b>Stroke Services</b>	Pending	Pending	Pending	Pending	Pending	Current		Pending		
<b>Sub-specialty Children's Services</b>	Current	Pending	Current	Current	Pending	Current	Pending	Pending		
<b>Substance Abuse: Screening, Counseling</b>	Current	Current	Current	Current	Pending	Current	Current	Pending	Current	Current
<b>Trauma Triage</b>	Pending	Pending	Pending	Pending	Pending	Current	Pending			
<b>Virtual PICU</b>	Pending					Pending				
Revised 3-4-08 by DRW - CfTH includes changes from AAIHS - Revised 3-4-08 by DRW, CfTH with changes from CfTH. Revised 5-15-08 by DRW with revisions from Holy Cross, 8-19-08 with revisions from CRCBH & ECHO, revisions from PCA 9-5-08										